

Period	PeriodStart	PeriodEnd	spec_name	min_outcome	diag_proc	reason_for_denial	indication_offered	auth_count	Year	Quarter
4/1/2021 - 6/30/2021	4/1/2021		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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021		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 with neurologic symptoms/findings best describes the reason that I have requested this test.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021		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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021		Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021		Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021		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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021		Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Mr. Oliveira is a 48 y.o. male referred in surgical consultation for evaluation of right neck mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021		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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	; This is a request for a Neck MR Angiography.; The patient has dizziness.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	follow up visit for her diagnosis of white matter changes and headaches. She states that she has been doing well. She continues to have some difficulty with word finding. She has had some left knee pain that occurred whenever she was exercising, followed ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She has a history of a pancreatic cyst measuring 15mm noted on imaging in 2010 and 2011 but this was not seen on CT abdomen in Feb 2020. Plan to repeat this with CT chest abdomen to also evaluate thymus and adrenals. Will also obtain MRI with attention t; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	14 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Suspected tumor outside the brain best describes the patient's tumor.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Known or suspected seizure disorder best describes the reason that I have requested this test.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Post-operative evaluation best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown onset. Patient has been treated in the past for seizures; There has been treatment or conservative therapy.; Patient has history of migraines and seizures but has not been treated in 3 - 4 years. Patient started having headaches after falling and hitting her head. Patient has had 6 seizures in last 30 days.; Patient has tried and failed triptans in the past. Patient started on Fioricet 06/23/2021; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	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."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	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); ; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	1/26/2021; There has been treatment or conservative therapy.; Positive for diaphoresis (night sweats).; Chemotherapy ( TAXOL+PARAPLATIN ); 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	3 month scan to follow up on mass. Mass was biopsied in feb 2021 and was negative for malignant cell.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal CT 2014; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	6	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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).; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain 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; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	mediastinal mass; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	pt with previous CT chest with contrast, diagnosed with pulmonary nodule with recommended follow up CT Chest to monitor the size of the nodules; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	RECOMMENDED BY THE RADIOLOGIST THAT READ THE CHEST XRAY THAT WAS COMPLETED ON 04/22; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	TABACCO DEPENDENCY; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT had a Low Dose CT for Lung Cancer Screening 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT had a Low Dose CT for Lung Cancer Screening 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; Diclofenac Sodium, Gabapentin, Hydrocodone, Tramadol, Oxycodone; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not have new or changing neurologic signs or symptoms.; The 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?; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	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.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	During the hospital stay he was found to have lesions on the brain MRI so a lumbar puncture was ordered to be completed outpatient. He had that done and Dr Chen called him with results. Diagnosis of MS was made. He states about 18 years ago he has symptom; 05/20/2002; There has not been any treatment or conservative therapy.; ; This study is being ordered for Multiple Sclerosis	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	STRUCK BY VEHICLE WHY WALKING. BACK PAIN OR RADICULOPATHY; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 been treated with a facet joint or epidural injection within the past 6 weeks	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspected tumor	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	During the hospital stay he was found to have lesions on the brain MRI so a lumbar puncture was ordered to be completed outpatient. He had that done and Dr Chen called him with results. Diagnosis of MS was made. He states about 18 years ago he has symptom; 05/20/2002; There has not been any treatment or conservative therapy.; ; This study is being ordered for Multiple Sclerosis	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Multiple sclerosis, monitor ;reassess disease burden of multiple sclerosis	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Perform stretching and physical therapy exercises 3 - 5 times a week for 6 weeks	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	STRUCK BY VEHICLE WHY WALKING. BACK PAIN OR RADICULOPATHY; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	14 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Abnormal Reflexes	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Focal extremity weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Unilateral focal muscle wasting	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material	Lymphadenopathy with pain/tenderness left groin.;r/o mass.;US negative for DVT; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; It is not known if there documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material	The patient has painful hematuria.; It is unknown if the patient has had an IVP (intravenous pyelogram).; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Adnexal mass, follow up ;left pelvic mass, possible pedunculated fibroid on recent US; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Endometriosis ;Pelvic pain, negative beta-HCG, gyn etiology suspected ;Vaginal bleeding, US abnormal; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Left-hand-dominant patient 4 weeks status post a right distal radius fracture malunion/malposition and underwent an open reduction and internal fixation plate with 0.045 K wires x2.;He was seen a 1 week post-op due to contact dermatitis of the surgical a; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Right-hand-dominant patient 7.5 weeks out status post a fall with an injury to the left distal radius that resulted in a closed intra-articular and nondisplaced left distal radius fracture.;She had a CT scan which showed a comminuted impacted distal radi; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Shoulder and humerus pain; This study is being ordered for trauma or injury.; Shoulder and humerus pain with radiculopathy; There has been treatment or conservative therapy.; Shoulder and humerus pain with radiculopathy, numbness, and tingling; NSAID therapy and home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 been established.; The study is requested for staging.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the study is 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 scheduled in the next 4 weeks.; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	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 six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Something other than an X-ray, ultrasound, CT, MRI , or bone scan showed an abnormality.; The ordering MDs specialty is NOT Orthopedics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not for hip pain.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	She has a history of a pancreatic cyst measuring 15mm noted on imaging in 2010 and 2011 but this was not seen on CT abdomen in Feb 2020. Plan to repeat this with CT chest abdomen to also evaluate thymus and adrenals. Will also obtain MRI with attention t; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 new symptoms including hematuria, presenting with known cancer or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	1/26/2021; There has been treatment or conservative therapy.; Positive for diaphoresis (night sweats);; Chemotherapy ( TAXOL+PARAPLATIN ); 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 acute pain.; There has not been a physical exam.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	8 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	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).	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 patient does not have a clinical risk of osteoporosis or osteopenia.; The patient is post-menopausal or estrogen deficient.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Unknown if this patient had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.; The patient has been on steroid therapy for more than 3 months.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered to identify a myocardial perfusion defect.; This patient has had a SPECT scan within the past eight (8) weeks.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The SPECT scan was inconclusive.; This is a request for a Heart PET Scan with CT for Attenuation.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 documented ejection fraction of less than or equal to 40%; The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; The ordering MDs specialty is not Cardiology or Cardiac Surgery	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 history of Coronary Artery Bypass Surgery (CABG); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; The ordering MDs specialty is not Cardiology or Cardiac Surgery	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	This is a request for a Metabolic Brain PET scan; This study is being ordered for refractory seizures.; This study is being ordered for pre-surgical evaluation.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 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 post operative evaluation.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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 NO new symptoms suggesting worsening of heart valve disease	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was not listed	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was NOT considered abnormal	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Left Anterior Descending	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 has an altered biliary tract anatomy that precludes ERCP.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	MVA; This study is being ordered for trauma or injury.; 4/5/21; There has been treatment or conservative therapy.; Pain throughout; eye drooping, numbness, tinglingHA's; Medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Changing neurologic symptoms best describes the reason that I have requested this test.	4	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; None of the above best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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); Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2021; There has been treatment or conservative therapy.; abnormal lipase, nausea, fever, pain vomiting; MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Oliveira is a 48 y.o. male referred in surgical consultation for evaluation of right neck mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Long term tobacco use with no prior CT chest; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	abnormal chest xray possible mass; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	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 is a request for a chest MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical radiculopathy; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	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 due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pt c/o back pain; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	ABNORMAL X-RAY; Unknown; There has been treatment or conservative therapy.; Numbness and tingling down the leg, difficulty with ambulation at times, pain, headache, and abnormal x-ray.; Muscle relaxant; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	excursion pain, epidural injections; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Multiple sclerosis, monitor ;reassess disease burden of Neuromyelitis optica.;imbalance, "dragging her left more than right". muscle spasms. pain; 2013; There has been treatment or conservative therapy.; Neuropathy;Weakness of both legs;Spasticity;imbalance, dragging her left more than right;burning, sharp pain that starts to the left hip and radiates to the left knee. Gabapentin helps manage the pain at nighttime. The pain is continuous; currently being treated with Rituxin, last infusion 6/23/2020;;Gabapentin 100mg up to 3 times daily ;Gabapentin 600 mg at bedtime ;Continue Baclofen as prescribed ;Continue stretching exercises Continue fall precautions and utilizing walker for long ; This study is being ordered for Multiple Sclerosis	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	MVA; This study is being ordered for trauma or injury.; 4/5/21; There has been treatment or conservative therapy.; Pain throughout; eye drooping, numbness, tinglingHA's; Medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	none; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; It is unknown if any of these apply to the patient; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 occur within the past 72 hours.; There is new onset radiculitis/radiculopathy.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; The patient has None of the above	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Dermatomal sensory changes on physical examination	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 does not have any of the above listed items; The pain did NOT begin within the past 6 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspected tumor	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Unknown onset. Patient has been treated in the past for seizures; There has been treatment or conservative therapy.; Patient has history of migraines and seizures but has not been treated in 3 - 4 years. Patient started having headaches after falling and hitting her head. Patient has had 6 seizures in last 30 days.; Patient has tried and failed triptans in the past. Patient started on Fioricet 06/23/2021; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Unknown; 05/01/2021; There has been treatment or conservative therapy.; Severe back pain, tingling in arms and hands, numbness in arms and hands; Chiropractor, medication therapy, home exercises; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	follow up visit for her diagnosis of white matter changes and headaches. She states that she has been doing well. She continues to have some difficulty with word finding. SHE has had some left knee pain that occurred whenever she was exercising, followed ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Multiple sclerosis, monitor ;reassess disease burden of Neuromyelitis optica.;imbalance, "dragging her left more than right". muscle spasms. pain; 2013; There has been treatment or conservative therapy.; Neuropathy;Weakness of both legs;Spasticity;imbalance, dragging her left more than right;burning, sharp pain that starts to the left hip and radiates to the left knee. Gabapentin helps manage the pain at nighttime. The pain is continuous; currently being treated with Rituxin, last infusion 6/23/2020;;Gabapentin 100mg up to 3 times daily ;Gabapentin 600 mg at bedtime ;Continue Baclofen as prescribed ;Continue stretching exercises Continue fall precautions and utilizing walker for long ; This study is being ordered for Multiple Sclerosis	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	MVA; This study is being ordered for trauma or injury.; 4/5/21; There has been treatment or conservative therapy.; Pain throughout; eye drooping, numbness, tinglingHA's; Medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	none; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Will fax clinical.; 05/11/2021; There has been treatment or conservative therapy.; See ICD codes.; CHIRO and PT; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	ABNORMAL X-RAY; Unknown; There has been treatment or conservative therapy.; Numbness and tingling down the leg, difficulty with ambulation at times, pain, headache, and abnormal x-ray.; Muscle relaxant; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	excursion pain, epidural injections; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	follow up visit for her diagnosis of white matter changes and headaches. She states that she has been doing well. She continues to have some difficulty with word finding. She has had some left knee pain that occurred whenever she was exercising, followed ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Left hip joint pain, low back pain after having a fall a few years ago.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	MVA; This study is being ordered for trauma or injury.; 4/5/21; There has been treatment or conservative therapy.; Pain throughout; eye drooping, numbness, tinglingHA's; Medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	none; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	24 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Follow-up to spine injection in the past 6 months	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Abnormal Reflexes	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Unknown; 05/01/2021; There has been treatment or conservative therapy.; Severe back pain, tingling in arms and hands, numbness in arms and hands; Chiropractor, medication therapy, home exercises; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Want to obtain imaging, possible injections, possible pain management, possible neurosurgery depending on severity of damage; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Pain for the last 16 years with no prior imaging.; There has been treatment or conservative therapy.; chronic low back pain, tingling, numbness, sharp pain down her legs, worse in right, myalgia, limited motion, shooting pain; Physical therapy, yoga, stretches, message therapy, OTC nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Will fax clinical.; 05/11/2021; There has been treatment or conservative therapy.; See ICD codes.; CHIRO and PT; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Want to obtain imaging, possible injections, possible pain management, possible neurosurgery depending on severity of damage; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Pain for the last 16 years with no prior imaging; There has been treatment or conservative therapy.; chronic low back pain, tingling, numbness, sharp pain down her legs, worse in right, myalgia, limited motion, shooting pain; Physical therapy, yoga, stretches, message therapy, OTC nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Shoulder and humerus pain; This study is being ordered for trauma or injury.; Shoulder and humerus pain with radiculopathy; There has been treatment or conservative therapy.; Shoulder and humerus pain with radiculopathy, numbness, and tingling; NSAID therapy and home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has 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.; NSAIDS	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; gabapentin, meloxicam, tizandine, butalbital acetaminophen, silver sulfadiazine, doxycycline hyclate, mupirocin calcium, amoxicillin claculanate,	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; pain; HEPPT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; unknown; There has been treatment or conservative therapy.; pain; analgesic; PT; HEX; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 known fracture.; The study is being ordered to evaluate a possible non union fracture.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 acute pain.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 immobilizer; The ordering MDs specialty is NOT Orthopedics.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 immobilizer; The ordering MDS specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 scheduled in the next 4 weeks.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	avn bilateral hip; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Left hip joint pain, low back pain after having a fall a few years ago.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2021; There has been treatment or conservative therapy.; abnormal lipase, nausea, fever, pain vomiting; MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 renal mass.; The suspicion of a renal mass was suggested by a physical exam.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	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 LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for Heart CT Congenital Studies.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	CPT Codes for this procedure;77012;10030;49180;;Need to authorize CT Guided biopsy 77012; Requestor has decided to proceed with the unlisted code.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Needing CPT 10030 authorized ;Pt had a procedure to biopsy a mass in her abdomen. Now she is needing a drain placed for this mass; Requestor has decided to proceed with the unlisted code.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Patient's mother diagnosed with breast cancer at age 69, patient has risk of 20% for developing breast cancer; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	She states that 3 weeks ago she was bending over putting on her clothes and felt a pain in her low back. She became dizzy and passed out. She hit her head on the floor. Her husband found her on the floor. He helped her up from the floor and reported that ; This study is being ordered for trauma or injury.; around 2/24/21; There has not been any treatment or conservative therapy.; loss of consciousness, continued dizzy spell, neck and back pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Advanced Practice Registered Nurse	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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); Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	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 due to neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	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	1 2021	Apr-Jun 2021
					; This study is being ordered for a neurological disorder.; NUMBNESS AND WEAKNESS; There has been treatment or conservative therapy.; PAIN RADIATING INTO LOWER EXTREMITIES.;NUMBNESS;WEAKNESS; INJECTIONS AND COMPLETED 6 WEEKS OF PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology		
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Approval	72128 Computed tomography, thoracic spine; without contrast material		1 2021	Apr-Jun 2021
					It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT		
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Approval	72128 Computed tomography, thoracic spine; without contrast material		1 2021	Apr-Jun 2021
					; This study is being ordered for a neurological disorder.; NUMBNESS AND WEAKNESS; There has been treatment or conservative therapy.; PAIN RADIATING INTO LOWER EXTREMITIES.;NUMBNESS;WEAKNESS; INJECTIONS AND COMPLETED 6 WEEKS OF PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology		
4/1/2021 - 6/30/2021	4/1/2021	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 have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 weakness.; Will upload clinicals.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	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	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	abnormal xrays, abnormal previous MRI, abnormal physician exam, constant pain for patient. Need MRI testing to see what is causing pain so he can be treated properly; prior to back surgery in 2013; There has been treatment or conservative therapy.; constant low back pain that radiates into ULE & LLE with no relief. ongoing pain causes headaches, muscle pain and back pain along with abnormal gait and abnormal reflexes; 2 previous back surgeries, spinal injections, medication, analgesics, home exercises; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	her most recent MRI was prior to this car accident I will obtain a new cervical MRI. She does not have any lumbar imaging and complains of bilateral lower extremity pain today. Is unclear if this is radicular so I will order a lumbar MRI to further eval; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 has a neurologic deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; It is unknown if any of these apply to the patient	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 been treated with a facet joint or epidural injection within the past 6 weeks	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unknown; 15 years ago; There has been treatment or conservative therapy.; ; TPI-L-paraspinals; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; Diclofenac; Tramadol; Hydrocodone; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	her most recent MRI was prior to this car accident I will obtain a new cervical MRI. She does not have any lumbar imaging and complains of bilateral lower extremity pain today. Is unclear if this is radicular so I will order a lumbar MRI to further eval; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Trauma or recent injury	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 does NOT have acute or chronic back pain.; This study is being requested for Pre-operative evaluation	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	28 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	28 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); The patient has None of the above	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Abnormal Reflexes	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Focal extremity weakness	5 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Abnormal Reflexes	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 New symptoms of paresthesia evaluated by a neurologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	17 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	unknown; 15 years ago; There has been treatment or conservative therapy.; ; TPI-L-paraspinals; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	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 NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient has constant, radiating pain in neck and lower back. pain is worsening to the point nothing helps relieve it; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI; The request is for shoulder pain; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 02/02/2021; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Medication PTChiro Message x-ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The Doctor has ordered a CT of Cervical and Lumbar.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	The Doctor has ordered a CT of Cervical and Lumbar.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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?; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; positive straight leg test bilaterally, decreased ROM in all directions with pain; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Leg Weakness, unsteady walk; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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?; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for Neurological Disorder	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for Other	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	;; This study is being ordered for 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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	;; unknown; There has been treatment or conservative therapy.; MRI is being requested to further evaluate the patient's persistent pain and symptoms. Findings;from this study will be incorporated, in conjunction with objective findings, into the decision process in;formulating a treatment plan for this patient, low; back brace, medication, physical therapy, Prior Treatments: joint injection, Professional caregivers seen in the past include family physician and pain medicine doctor. Pain Medicines;;ultram/tramadol, baclofen, diazepam (valium) and carbamazepine (teg; This study is being ordered for Other	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Discussed with patient plan to request updated MRI studies of both the cervical and lumbar spine. And discussed with him possible consideration of resumption of interventional therapy depending on ready graphic studies and further progression of complaint; Unknown; There has been treatment or conservative therapy.; Patient notes over the last several months he has been experiencing a gradual and progressive increase in pain throughout the day. Pain is noted primarily in the shoulders extending between the shoulder blades as well as lower back radiating to both hips ; Professional caregivers seen in the past include family physician and chiropractor. The following tests have been done in the past: MRI scan or CT scan . He has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams, Ultram/Ultram ER and Hydrocodone in th; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	HAD NERVE CONDUCTION STUDY THAT SHOWED NEUROPATHY IN THE LOWER EXTREMITIES AND ALSO PAIN IS MADE WORSE WITH MOVEMENT AND INCREASED ACTIVITY; ONSET OF PAIN GRADUALLY OVER TIME; There has been treatment or conservative therapy.; ACHE/PAIN IN LBP/NECK PAIN/RT LEG PAIN/MIGRAINE. THE PAIN IS DULL ACHING CRAMPING AND NUMBNESS.; BEFORE COMING TO OUR OFFICE PATIENT HAD PT/TYLENOL/NSAIDS/HC/GABA. WAS ON HC 5/325 MG TID BEFORE HER FIRST VISIT. HX LRFA AND C RFA IN ANOTHER PAIN CLINIC THAT SHE STATED DID HELP THE PAIN. NERVE CONDUCTION STUDY DID SHOW SENSORY NEUROPATHY IN THE RIGHT L; This study is being ordered for Other	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient is needing relief and wanting a way to live pain free; long standing history of low back and hip pain, given her young age; There has been treatment or conservative therapy.; low back pain, neck pain, radiates to the right hip, left hip and front of the right leg. She states the pain is;aching, burning, cramping, deep, dull, numbing, sharp, shooting, throbbing, tingling and pressure; injections, physical therapy, resting, changing position, taking medication, injections, applying hot;packs and applying cold packs. The patient also reports dependence on others, difficulty sleeping,;anxiety/frustration, depression, difficulty perform; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Some relief from the pain occurs by nothing helps; 04-16-2019; There has been treatment or conservative therapy.; neck pain, low back pain;-pain radiates to the right arm;and left arm; Epidural Steroid Injection;MEDICATION, chiropractor, physical;therapist, ice, heat, massage, physical therapy, tens unit, nerve block and intercostal nerve block.; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for Other	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	patient recently completed trial of physical therapy (within past 6 weeks), chiropractic care, and NSAIDs with minimal relief of pain; 02-04-2021; There has been treatment or conservative therapy.; complains primarily of lower back pain,pain radiates to the front of;the left leg and back of the left leg. He states the pain is aching, burning, cramping, deep, sharp, shooting,,throbbing, tingling and pressure. On a numerical rating scale; patient recently completed trial of physical therapy (within past 6 weeks), chiropractic care, and NSAIDs with minimal relief of pain; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Professional caregivers seen in the past include chiropractor, physical therapist, pain medicine doctor and;orthopedist. Prior Tests Performed: x-rays, ct scan, lumbar puncture and mri Pain Medicines: codeine, tylenol;#3, #4, hydrocodone (vicodin, lorta; 2019; There has been treatment or conservative therapy.; mid back pain, aching, burning, cramping, deep,,sharp, shooting, throbbing, tingling and pressure; Professional caregivers seen in the past include chiropractor, physical therapist, pain medicine doctor and;orthopedist. Prior Tests Performed: x-rays, ct scan, lumbar puncture and mri Pain Medicines: codeine, tylenol;#3, #4, hydrocodone (vicodin, lorta; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient has NOT had back pain for over 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 weakness.; will upload clinicals	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 weakness.; Will upload clinicals.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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?	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; tizanidine 4 mg tablet 1 Every Night PRN for 30 Days , Prescribe 30 Tablet, Refills 1;Voltaren 1 % topical gel 4 Gram Four times a Day PRN for 30 Days , Prescribe 4;Tube, Refills 1;oxycodone 10 mg tablet 1 Tablet Every 6 Hours PRN for 30 Days , Prescri; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for Neurological Disorder	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for Other	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / 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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; unknown; There has been treatment or conservative therapy.; MRI is being requested to further evaluate the patient's persistent pain and symptoms. Findings;from this study will be incorporated, in conjunction with objective findings, into the decision process in;formulating a treatment plan for this patient, low; back brace, medication, physical therapy, Prior Treatments: joint injection, Professional caregivers seen in the past include family physician and pain medicine doctor. Pain Medicines;;ultram/tramadol, baclofen, diazepam (valium) and carbamazepine (teg; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal xrays, abnormal previous MRI, abnormal physician exam, constant pain for patient. Need MRI testing to see what is causing pain so he can be treated properly; prior to back surgery in 2013; There has been treatment or conservative therapy.; constant low back pain that radiates into ULE & LLE with no relief. ongoing pain causes headaches, muscle pain and back pain along with abnormal gait and abnormal reflexes; 2 previous back surgeries, spinal injections, medication, analgesics, home exercises; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	ATV accident; This study is being ordered for trauma or injury.; 01/01/2015; There has been treatment or conservative therapy.; pain; med. PT , injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Discussed with patient plan to request updated MRI studies of both the cervical and lumbar spine. And discussed with him possible consideration of resumption of interventional therapy depending on ready graphic studies and further progression of complaint; Unknown; There has been treatment or conservative therapy.; Patient notes over the last several months he has been experiencing a gradual and progressive increase in pain throughout the day. Pain is noted primarily in the shoulders extending between the shoulder blades as well as lower back radiating to both hips ; Professional caregivers seen in the past include family physician and chiropractor. The following tests have been done in the past: MRI scan or CT scan . He has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams, Ultram/Ultram ER and Hydrocodone in th; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	HAD NERVE CONDUCTION STUDY THAT SHOWED NEUROPATHY IN THE LOWER EXTREMITIES AND ALSO PAIN IS MADE WORSE WITH MOVEMENT AND INCREASED ACTIVITY; ONSET OF PAIN GRADUALLY OVER TIME; There has been treatment or conservative therapy.; ACHE/PAIN IN LBP/NECK PAIN/RT LEG PAIN/MIGRAINE. THE PAIN IS DULL ACHING CRAMPING AND NUMBNESS.; BEFORE COMING TO OUR OFFICE PATIENT HAD PT/TYLENOL/NSAIDS/HC/GABA. WAS ON HC 5/325 MG TID BEFORE HER FIRST VISIT. HX LRFA AND C RFA IN ANOTHER PAIN CLINIC THAT SHE STATED DID HELP THE PAIN. NERVE CONDUCTION STUDY DID SHOW SENSORY NEUROPATHY IN THE RIGHT L; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Other spondylosis with radiculopathy, lumbar region M47.26;;Lumbar spondylosis M47.816; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has constant, radiating pain in neck and lower back. pain is worsening to the point nothing helps relieve it; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient is needing relief and wanting a way to live pain free; long standing history of low back and hip pain, given her young age; There has been treatment or conservative therapy.; low back pain, neck pain, radiates to the right hip, left hip and front of the right leg. She states the pain is;aching, burning, cramping, deep, dull, numbing, sharp, shooting, throbbing, tingling and pressure; injections, physical therapy, resting, changing position, taking medication, injections, applying hot;packs and applying cold packs. The patient also reports dependence on others, difficulty sleeping,;anxiety/frustration, depression, difficulty perform; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient recently completed trial of physical therapy (within past 6 weeks), chiropractic care, and NSAIDs with;minimal relief of pain; 02-04-2021; There has been treatment or conservative therapy.; complains primarily of lower back pain,pain radiates to the front of;the left leg and back of the left leg. He states the pain is aching, burning, cramping, deep, sharp, shooting,;throbbing, tingling and pressure. On a numerical rating scale; patient recently completed trial of physical therapy (within past 6 weeks), chiropractic care, and NSAIDs with;minimal relief of pain; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Professional caregivers seen in the past include chiropractor, physical therapist, pain medicine doctor and;orthopedist. Prior Tests Performed: x-rays, ct scan, lumbar puncture and mri Pain Medicines: codeine, tylenol;#3, #4, hydrocodone (vicodin, lorta; 2019; There has been treatment or conservative therapy.; mid back pain, aching, burning, cramping, deep,;sharp, shooting, throbbing, tingling and pressure; Professional caregivers seen in the past include chiropractor, physical therapist, pain medicine doctor and;orthopedist. Prior Tests Performed: x-rays, ct scan, lumbar puncture and mri Pain Medicines: codeine, tylenol;#3, #4, hydrocodone (vicodin, lorta; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Some relief from the pain occurs by nothing helps; 04-16-2019; There has been treatment or conservative therapy.; neck pain, low back pain;-pain radiates to the right arm;and left arm; Epidural Steroid Injection;MEDICATION, chiropractor, physical;therapist, ice, heat, massage, physical therapy, tens unit, nerve block and intercostal nerve block.; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	39	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); The patient has None of the above	3	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Abnormal Reflexes	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	9	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	18	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluation of SI joints due to chronic pain; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	ATV accident; This study is being ordered for trauma or injury.; 01/01/2015; There has been treatment or conservative therapy.; pain; med. PT , injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Right hip pain. It radiates to the front of the right leg, back of the right leg and side;of the right leg. He states the pain is aching, deep, sharp, shooting and throbbing.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Anesthesiology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Other spondylosis with radiculopathy, lumbar region M47.26;;Lumbar spondylosis M47.816; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 chronic; The member has failed a 4 week course of conservative management in the past 3 months.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PT had CT that showed carotid stenosis on 2/5/2021; This study is being ordered for Vascular Disease.; 2/5/2021; There has not been any treatment or conservative therapy.; Pt has a mass on rt side of neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the brain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PT had CT that showed carotid stenosis on 2/5/2021; This study is being ordered for Vascular Disease.; 2/5/2021; There has not been any treatment or conservative therapy.; Pt has a mass on rt side of neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Lung Nadel; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	lung nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	aortic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	cp, sob; This study is being ordered for Vascular Disease.; 5/20/2019; There has been treatment or conservative therapy.; chest pain, sob; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; SOB, and mitral valve insufficiency , mycotic aneurysm; Mediations and testing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	MONITOR AA; This study is being ordered for Vascular Disease.; 2017; There has been treatment or conservative therapy.; Ascending thoracic aorta aneurysm, mild: CT angiogram April 2019 showed 4.3 cm ascending thoracic aorta aneurysm. This was unchanged from October 2017. We will get follow-up CT angiography upon his return in 6 months.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient reports pleuritic type pain with associated chest pressure and sharp stabbing pain with shortness of breath with lasting for 1-3 minutes. She is being followed by pulmonology, cardiology and endocrinology; all testing thus far, not including CT/C; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	TAVR; This study is being ordered for Vascular Disease.; 2020; There has been treatment or conservative therapy.; sob; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	THORACIC AORTIC ANEURYSM INCIDENTALLY DISCOVERED ON NON-CONTRAST CT NEEDING FURTHER EVALUATION; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yearly evaluation of ascending aortic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiac 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac 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; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given. There has been treatment or conservative therapy.; SOB, and mitral valve insufficiency , mycotic aneurysm; Mediations and testing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	cp, sob; This study is being ordered for Vascular Disease.; 5/20/2019; There has been treatment or conservative therapy.; chest pain, sob; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	MONITOR AA; This study is being ordered for Vascular Disease.; 2017; There has been treatment or conservative therapy.; Ascending thoracic aorta aneurysm, mild: CT angiogram April 2019 showed 4.3 cm ascending thoracic aorta aneurysm. This was unchanged from October 2017. We will get follow-up CT angiography upon his return in 6 months.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This is a request for a heart or cardiac MRI	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the abdominal arteries.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via BBI.; The patient has new or worsening symptoms not medically controlled; The ordering MDs specialty is Cardiac Surgery	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders.	3	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered as a post operative evaluation.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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 NO new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		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 speciality is Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled ; Agree; The ordering MDs speciality is Cardiac Surgery chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary		1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Patient has an ascending aortic aneurysm and pulmonary nodule that needs rechecked.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; It is not known whether there are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a CT scan for evaluation of coronary calcification.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiac Surgery	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	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 suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		r/o tia vs cva rt sided facial numbness in addition to nausea and vomiting; This study is being ordered for a neurological disorder.; 5/27/21; There has not been any treatment or conservative therapy.; headache and vomiting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		carotid stenosis; This study is being ordered for Vascular Disease.; carotid stenosis; There has been treatment or conservative therapy.; stenois; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Patient is needing exam due to having post stent symptoms that indicate a transient ischemic attack.; This study is being ordered for Vascular Disease.; April 9, 2021; There has been treatment or conservative therapy.; Facial drooping;speech problems; Carotid angiogram with stent placement;antiplatelet medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	stenosis; This study is being ordered for Vascular Disease.; 05/05/21; There has been treatment or conservative therapy.; carotid stenosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the brain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	carotid stenosis; This study is being ordered for Vascular Disease.; carotid stenosis; There has been treatment or conservative therapy.; stenois; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient is needing exam due to having post stent symptoms that indicate a transient ischemic attack.; This study is being ordered for Vascular Disease.; April 9, 2021; There has been treatment or conservative therapy.; Facial drooping;speech problems; Carotid angiogram with stent placement;antiplatelet medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	stenosis; This study is being ordered for Vascular Disease.; 05/05/21; There has been treatment or conservative therapy.; carotid stenosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	16	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	pt with s/sx of posterior circulation stroke with imbalance and visual field abnormalities starting in October; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; pt with s/sx of posterior circulation stroke with imbalance and visual field abnormalities starting in October; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	pt with s/sx of posterior circulation stroke with imbalance and visual field abnormalities starting in October; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; pt with s/sx of posterior circulation stroke with imbalance and visual field abnormalities starting in October; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 and carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	pt with s/sx of posterior circulation stroke with imbalance and visual field abnormalities starting in October; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; pt with s/sx of posterior circulation stroke with imbalance and visual field abnormalities starting in October; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	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.; It is unknown if there are documented localizing neurologic findings.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; Another abnormality 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; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain 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; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	CT chest 12/2020 showed dilated aortic root at the sinus of valsalva is 4.7 cm. We will need to repeat this in 6 months (June 2021).; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	eval thoracic aneurysm; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Ms. Diggs has a history of pulmonary disease with groundglass infiltrates bilaterally, shortness of breath, and cough and has coronary branch disease although not severe.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	palpitations, DOE, significant numbness and tingling (mainly in her hands), occasional blurry vision, and she gets hot a sweaty with palpitations after standing for 10-15 minutes. Symptoms have been present since she had COVID 11/2020.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	shortness of breath.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	These exams are requested as part of patient's pre heart transplant work up/eval.; This study is being ordered for Vascular Disease.; 3/30/2021; There has not been any treatment or conservative therapy.; heart failure, worsening heart function, severe LV dilatation, CAD, ischemic cardiomyopathy, dyspnea on exertion, lower extremity edema.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Thoracic aortic aneurysm (TAA), known, follow up; Reason: else (system matched response); Reason: else (system matched response); Reason: else (system matched response); There are physical assessment findings, abnormal lab results or abnormal imaging findings (x-ray or ultrasound); This is NOT a request for screening for lung cancer.; This is NOT a request for suspicion of pulmonary embolism (PE); This request is for Not listed above; Agree; This request is for Chest pain	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	AAA screening; This study is being ordered for Vascular Disease.; Will upload clinicals; There has been treatment or conservative therapy.; Will upload clinicals; Will upload clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Aortic root enlargement: echo with 4.5 cm aortic root enlargement. BP control. Continue to monitor. Plan for CTA of aorta.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	ascending aortic dissection and underwent transverse arch and ascending aorta replacement with pericardial reconstruction with xenograft patch 15 x 17mm on 9/1/11; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is physical evidence of re-bleed or re-stenosis.; Yes, this is a request for a Chest CT Angiography.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Ascending aortic root dilation: Echocardiogram reveals dilated aortic root around 5 cm. CTA last year was consistent with aortic root at 49 mm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	avoid dissection; This study is being ordered for Vascular Disease.; 2015; There has been treatment or conservative therapy.; Rebekah Moore is a pleasant 21-year-old female with history of Marfan's syndrome, tobacco and marijuana abuse, and family history CAD who presents to clinic at the request of Dr. Thomas to establish care. The patient was diagnosed with Marfan syndrome a; medications and constant monitor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	cardiac clearance; 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 an evaluation for thoracic outlet syndrome.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	eval aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Known thoracic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Mr. Burris comes in as a new patient assessment. In January, he had an umbilical incarcerated hernia issue and underwent surgery by Dr. Foster. He was found to be somewhat dehydrated. He saw Dr. Valach and was in atrial fibrillation. He was placed on Card; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Newly diagnosed dilated aorta seen on recent echocardiogram needs CTA Chest to confirm measurements of 4.8cm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; It is not known whether this is an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	patient with significant history of recent CVA,HLD, cerebral aneurysm, GERD, DJD and referred for palpitations. Patient has paroxysmal atrial fibrillation, elevated blood pressure reading in office without diagnosis of hypertension. Patient had Aorta Aneu; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Severe Aortic Stenosis; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	26 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Thoracic aortic aneurysm (TAA), follow up ;Aortic disease, nontraumatic; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yearly follow up for Ascending Aorta Dilatation.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; It is not known whether there are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a congenital abnormality.; The patient is 18 years or older.; This is a request for a chest MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	This study is being ordered for pre-operative evaluation.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This is a request for a chest MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	; This study is being ordered for Congenital Anomaly.; 03/22/1991. Repair of tetralogy of Fallot at 8- months of age, which included VSD patch closure, RV muscle bundle resection, pulmonary valvotomy and patch augmentation of the left pulmonary artery. S/P transcatheter balloon dilation of pulmonary valve.; There has been treatment or conservative therapy.; ; Surgeries/medication/echocardiograms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Congenital heart disease, known or suspected; This is a request for an MR Angiogram of the chest or thorax	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Congenital malformation of cardiac chambers and connections. Evaluate her coronary arteries after reimplantation as well as the differential pulmonary blood flow in each of her lungs; This is a request for an MR Angiogram of the chest or thorax	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Unilateral focal muscle wasting	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	avoid dissection; This study is being ordered for Vascular Disease.; 2015; There has been treatment or conservative therapy.; Rebekah Moore is a pleasant 21-year-old female with history of Marfan's syndrome, tobacco and marijuana abuse, and family history CAD who presents to clinic at the request of Dr. Thomas to establish care. The patient was diagnosed with Marfan syndrome a; medications and constant monitor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	pre TAVR eval for patient with SEVERE aortic stenosis; This study is being ordered for Vascular Disease.; 2/3/2021; There has not been any treatment or conservative therapy.; lethargy, shortness of breath, dizziness, severe aortic stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	23 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	AAA screening; This study is being ordered for Vascular Disease.; Will upload clinicals; There has been treatment or conservative therapy.; Will upload clinicals; Will upload clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CTA will be a more accurate measurement for CV surgery as it is time to review and discuss when surgery for aneurysm repair is needed; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	9	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/15/2020; There has been treatment or conservative therapy.; PAIN IN ABD, PALPITATIONS, CHEST PAIN, LIGHT HEADEDNESS, SHORTNESS OF BREATH ON EXERTION; CARDIAC CATH AND MEDICINE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	This is a request for a MR Angiogram of the abdomen.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	; This study is being ordered for Congenital Anomaly.; 03/22/1991. Repair of tetralogy of Fallot at 8- months of age, which included VSD patch closure, RV muscle bundle resection, pulmonary valvotomy and patch augmentation of the left pulmonary artery. S/P transcatheter balloon dilation of pulmonary valve.; There has been treatment or conservative therapy.; ; Surgeries/medication/echocardiograms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	congenital heart disease known or suspected coarctation. Evaluation for evidence of collateral or other complications.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Congenital heart disease, known or suspected; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This is a request for a heart or cardiac MRI	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	valvular heart disease, follow up to assess pulmonary valve quantify pulmonary regurgitation, RV volume and function, branch pulmonary arteries, aortic dimensions and LC function; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	CARDIOVASCULAR DISEASE RISK ASSESSMENT, HYPERLIPIDEMIA AND HYPERTENSION.; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Eval and treatment; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	patient has chest pain and chest pressure with numbness in hands at time. Irregular heart rate with heart pounding.; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	This is a request for Heart CT Congenital Studies.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	; 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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	1. He did have a significant nonsustained ventricular tachycardia seen on his monitor, though. We need to evaluate for obstructive CAD. I am going to perform a coronary CT angiogram.; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	1. Mildly abnormal stress test with mildly reduced LVEF. The stress test was unable to completely rule out ischemia. I will check a coronary CTA. I will prescribe her 25 mg of metoprolol to be taken the night before and the morning of the test. I gav; 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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Abnormal myocardial spect imaging; 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Chest pain/anginal equiv, ECGs and troponins normal; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	For symptoms of chest pain and shortness of breath with exertion, especially given her strong family history of heart disease, we will obtain a 2D echocardiogram to evaluate for any structural or valvular abnormalities. We will obtain a coronary CTA to ev; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Mr. Mungle has continued chest discomfort and specifically an episode that was much more severe and prolonged.;2. As such, I think further evaluation with a coronary CT angiogram is reasonable.;3. He does have a pacemaker which might interfere with so; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Patient is presenting for evaluation of an abnormal stress test. Ms. Kessler had experienced an isolated episode of chest pain a few months ago, after which she underwent a DSE which showed ST depressions associated with AL WMAs at peak stress. Specific; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Patient most recently had a vascular screen which revealed some mild carotid disease on the left. She also had a pharmacologic nuclear stress test for which she had a preserved ejection fraction and probable attenuation on nuclear images. She was not ab; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Patient with continued complaint of chest pain, shortness of breath, syncope, and palpitations. Patient had an elevated TID on Myocardial Perfusion Scan with no reversible ischemia.; 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	pre TAVR eval for patient with SEVERE aortic stenosis; This study is being ordered for Vascular Disease.; 2/3/2021; There has not been any treatment or conservative therapy.; lethargy, shortness of breath, dizziness, severe aortic stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	pt is still having chest pain and nothing was found with the r stress echo; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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.	9	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	15 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the abdominal arteries.	52	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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		1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Patient having chest pain and needing surgical clearance, BMI is 52.; This study is NOT being ordered to identify a myocardial perfusion defect.; This study is NOT being ordered to assess myocardial viability in a candidate for a revascularization procedure.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered to identify a myocardial perfusion defect.; This patient has NOT had a SPECT scan within the past eight (8) weeks.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The patient has a body Mass List score index equal to or above 40.; This is a request for a Heart PET Scan with CT for Attenuation.	22	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is NOT being ordered to identify a myocardial perfusion defect.; This study is being ordered to assess myocardial viability in a candidate for a revascularization procedure.; The patient has a body Mass List score index equal to or above 40.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; 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	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; 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	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	5 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is 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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 WEEKS; There has not been any treatment or conservative therapy.; Ms. Kristina McIntyre is a 34 year old with a past medical history of Htn, family history of CAD, Diabetes, and obesity, who is here today for cardiac evaluation. Pt states she started having sharp substernal chest pain that radiates to the left side, las; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ONGOING FOR A COUPLE OF MONTHS; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN;FATIGUE ;PALPATATIONS ;HERAT POUNDING AND SKIPING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; CHEST PAIN, SOB, PALPATATIONS; EKG, MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; 04/27/2021; There has not been any treatment or conservative therapy.; Chronic, unchanged SOB, carotid bruit, h/o CAD s/p remote stents; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; 6/1/21; There has been treatment or conservative therapy.; ; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	1. Possible peripheral arterial disease with weak pulses and non-healing left fifth toe ulceration. We will go ahead and schedule a CTA with runoff to define her anatomy. I asked her to start taking baby aspirin and stop smoking. In addition we will c; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	1. Precordial discomfort and dyspnea on exertion. He is at high risk for atherosclerotic cardiovascular disease given his smoking and strong family history and gender. I will go ahead and rule out ischemia with an exercise treadmill and nuclear stress; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	<p>1. Recurrent chest discomfort in the patient at intermediate risk for having coronary artery disease, likely indicative of angina.;2. Hypertension.;3. Diabetes mellitus.;4. Dyslipidemia.;5. Palpitations.;6. Metabolic syndrome.; 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</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	<p>1. Vague precordial discomfort associated with dyspnea on exertion and abnormal EKG. We will go ahead and rule out ischemia with an exercise treadmill nuclear stress test. In addition, we will check an echocardiogram to rule out structural heart abnorm; 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</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	<p>56 y/o male with CAD (MI/PCI 9/2020), HTN, CHF (LVEF 40-45%) here for f/u.; Today c/o SOB. Associated with sneezing. Worse with exertion. Progressive. Severe- Also has 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.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	ABN EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	abnormal regular treadmill stress. need further eval w myocard.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	abnormal treadmill stress test. Chest pain SOB; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	CAD S/P MI and PTCA, HTN, Shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	CAD status post PCI to LAD;dizziness;dyspnea;palpitations;hyperlipidemia;hypertension;hx smoking x28yr 1ppd;bmi 23;ekg shows sinus rhythm with poor R wave progression; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	chest pain on exertion, shortness of breath when walking, and ankle edema. BMI 36.9;CURRENT EVERY DAY SMOKER, HTN HYPERLIPIDEMIA, DIABETES, Peripheral venous insufficiency; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	chest pain with stress, hx of cad with cabg.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	chest pain with stress, known CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	chest pain, dyspnea on exertion, diabetes, dyslipidemia, increased troponin level, cardiomyopathy; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Chest pain, nonspecific; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Chest pain. A Lexiscan Myoview study has been ordered due to her ankle arthritis.;Murmur on exam. An echocardiogram has been ordered to evaluate this further.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; 1. Hyperlipidemia, unspecified;2. Cardiac murmur, unspecified;3. Shortness of breath;4. Chest pain, unspecified; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	complaints of chest pain described as tightness in the left chest that radiates to the neck and jaw and shoulder; known coronary artery disease with prior stenting and three-vessel coronary artery bypass grafting in 2017.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	CURRENT CIGARETTE SMOKER;EKG SHOWS POSSIBLE OLD SEPTAL INFARCT; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	diabetic, cp, smoker; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	DUE TO HIS CHEST PAIN AND SHORTNESS OF BREATH, WE NEED TO EVALUATE FOR INDUCIBLE ISCHEMIA. PT WAS RECENTLY IN THE ER FOR HIS CHEST PAIN AND ELEVATED BP.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	DUE TO POSSIBLE CAD, HIS SOB AND CHEST PAIN, FURTHER EVAL IS REQUESTED.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Dyspnea on exertion -;Worsening over the last few weeks.; REcently in the ER with 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.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	edema to lower extremities , untreated sleep apnea last 20 years; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; chest pain, shortness breath during excretion; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	EF of 14%. Pt is in the ER with chest pain and sob; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is requested for congestive heart failure.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/26/2021; There has not been any treatment or conservative therapy.; shortness of breath with activity, fatigue, weakness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; chest pain, shortness of breath and lower extremity adnema; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 4/23/2021; There has been treatment or conservative therapy.; chest pain and shortness of breath, hypertension, previous heart attack; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given pacemaker and previous echo; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; June 2021; There has been treatment or conservative therapy.; shortness of breath, fatigue, palpation; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown;Unknown If No Info Given.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is requested for congestive heart failure.; It is not known if there are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	episodes of 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 not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	<p>EVAL FOR ISCHEMIA IN VIEW OF HER RECURRENT CHEST PAIN WITH ABNORMAL EKG AND PREVIOUS HISTORY OF CAD BY CATH; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	<p>EVAL FOR ISCHEMIA; This study is being ordered for Vascular Disease.; UNKNOWN; There has not been any treatment or conservative therapy.; DYSPNEA, ANGINA, SOB, ABNORMAL EKG.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	<p>evaluation of new diagnosis of atrial fibrillation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Atrial Fib-Generalized weakness; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Exertional Chest pain/dyspnea: concerning for possible angina and recommend objective assessment. Will check echo and nuclear stress test and try and expedite. Reviewed cautions with activities and symptoms for which to seek emergency evaluation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/25/2021; There has been treatment or conservative therapy.; Exertional Chest pain/dyspnea, short of breath with a chest ache when he 'over exerts' himself, HEART RACING; MEDICATION GIVEN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	f/up 4/21/21 ECG which showed poor Rwave progression; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/21/2021; There has been treatment or conservative therapy.; Chest pain; shortness of breath; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	He does have known CAD with stents in 2018 and pulmonary hypertension; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; he reports these issues started worsening over the past few weeks.; There has not been any treatment or conservative therapy.; shortness of breath and lower extremity edema; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	HTN, HYPERLIPIDEMIA, DIABETES MELLITUS, DYSPNEA WITH CHEST TIGHTNESS, ABNORMAL EKG, SYSTOLIC EJECTION MURMUR, RECALCITRANT LOWER EXTREMITY EDEMA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JAN 2021; It is not known if there has been any treatment or conservative therapy.; DYSPNEA, UNSPECIFIED, DIABETES MELLITUS, ESSENTIAL HYPERTENSION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	hx of NSTEMI, ACS, AKI, CHF, and ischemic cardiomyopathy. known CAD, DM, and HTN. Hx of CABG, PTCA,ICD. former smoker. presenting w SOBOE and chest pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 not know	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	LBBB per EKG 06.04.21.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	left side CP and into L arm occurs with stress;;family hx heart disease; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	LOWER EXTREMITY EDEMA WITH ELEVATED BNP, HTN, DIABETES MELLITUS, CORONARY ARTERY DISEASE, RECURRENT ANGINA, SYSTOLIC EJECTION MURMUR.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-8 WEEKS PRIOR; There has been treatment or conservative therapy.; ESSENTIAL HYPERTENSION, LOWER EXTREMITY EDEMA, DYSPNEA ON EXERTION.; PT HAS BEEN SEEN AT MEDICAL FACILITIES FOR THESE COMPLAINTS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	MPS 7/2/20 with findings suspicious for ischemia. LHC per Dr. Hill on 7/14/20 with PTCA of LAD by placing DES, PTCA of LCx by placing DES, PTCA of RCA with DES placement. She reports recently she has had a few episodes of chest tightness that radiates ac; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Mr. McCray is a 61 year old AAM with a h/o HTN, dyslipidemia, CVA, PAD, and CAS (known, right sided occlusion), he is here today to establish cardiac care. He says that for the last several months he has had pains in both legs with walking about 1 block.; This study is being ordered for Vascular Disease.; LAST SEVERAL MONTHS; There has been treatment or conservative therapy.; SHORTNESS OF BREATH AND CHRONIC FATIGUE; e is had a CTA which showed severe bilateral disease including extensive iliac disease.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Mr. Shaw is a 61 year old Caucasian male with a chronic past medical history of CAD s/p stent of the RCA(2004), hypertension, hyperlipidemia, and diabetes, here today for follow up. Patient reports having aching chest pain to the left side of chest wall t; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; aching chest pain to the left side of chest wall that lasts for about an hour with no specific triggers. Patient reports having dizziness throughout the day with position changes. Patient reports also having palpitations that feel like his heart is flutte; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Mr. Sullens is a 71 year old male here for follow up. Last seen in our clinic in 2018 by Dr. Hill. PMH of HTN and HLD. He was diagnosed with colon cancer and underwent colectomy and chemo therapy. Chest xray 12/2014 normal, venous ultrasound negative ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Mr. Tillman is a 58 year old WM with a h/o strong family history of CAD, DM II, HTN, HLP, and GERD, he is here today for cardiac evaluation and treatment. He was admitted in April for chest pain. He was ruled out for an MI and sent home. He says that; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Ms. Combs is a 59-year-old female with past medical history of hypertension, COPD, tobacco abuse and arthritis. She presents today for follow up after ETT and Echo. She walked only 3 mins on the TM. She continues to have L sided dull chest pain on exertio; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Ms. Graham is a 61 year old WW with a past medical history of hypertension, COPD, carotid artery stenosis s/p left carotid endarterectomy, GERD, and tobacco dependence. She is referred by her primary care provider, Amy White, APRN (Mainline Start City). ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She reports 3 weeks ago; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN; SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Ms. Vaughan is a 28 year old Caucasian female with a past medical history of diabetes, seizures, anxiety and depression. She is here today for cardiac evaluation. She says that she had chest pain every day for the last 6 weeks. She says that these ches; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Near syncope: this is a new symptom. Plan: Echocardiogram. Lexiscan MPI.;2. Chest pain/shortness of breath: The patient continues to present persistent chest pain, squeezing in character and shortness of breath despite a negative treadmill stress test; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Needs ablation; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	new onset cardiomyopathy, systolic CHF. EF 25-35%. Ms. Bryant is a pleasant 62 y/o female with PMHx significant for hypertension, diabetes mellitus, hyperlipidemia. She was formerly seen by Dr. Ashford in Little Rock where she reports a normal Lexiscan and; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Non-ischemic cardiomyopathy - wearing life-vest - repeat echo showed EF dilated and 35%- needs ICD implant;-says Dr. Wallace cant see patient til the end of june, we will call. ;low normal BP today; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient had a recent CCTA to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	none; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	NONE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; CHEST PAIN ON EXCERTION, SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	NSTEMI; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	ON 08/25/2020 patient had a successful percutaneous transluminal coronary angioplasty of tandem 80% and 60% stenosis in the proximal third of right coronary artery w/ placing a 3.5mm x 38mm DES. Today he presents w/ occasional left sided chest pain that h; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/03/2020; There has not been any treatment or conservative therapy.; Chest Pain;Fatigue;CAD;SOB w/ min activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Palpitations : patient has been c/o intermittent palpitations, 2-3 times every other day.;5/21: Reviewed Holter monitor which showed sinus rhythm, frequent PVCs-1%, nonsustained VT-9 beats, palpitations and shortness of breath when walking.Will get nucle; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	palpitations, abnormal EKG; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; Chest pain, hypertension, shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient experiences a dull sub-sternal chest pain with associated shortness of breath recently. Patient cannot walk on treadmill due to leg and 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 suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has been experiencing SOB with little activity. Even walking she becomes SOB. PMH includes HTN and DM.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/20/2021; There has not been any treatment or conservative therapy.; Patient is a diabetic. She presented in the clinic w/ SOB w/ little activity even just walking. She reports swelling in her lower extremities.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient has chest discomfort, CAD, hypertensive heart disease, abnormal ECG, syncope and collapse, history of TIA, is a smoker, has dyslipidemia, hypertension and palpitations; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient has had heart surgery, so has mother. Father has diabetes, grandmother heart attack, cancer runs in the family. patient has angina, class II, is a current everyday smoker, along with marijuana, methamphetamine and alcohol use.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient has recent diagnosis of premature ventricular contractions. diagnosis of kidney cancer three months ago; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient has suspected CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient having SOB and has Left Bundle Branch Block on her EKG. No Stress Echocardiogram done within 60 mile radius.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient needs NST due to chest pain, history of CAD, stent placement, carotid artery disease, abnormal EKG, and type 2 diabetes.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient reports intermittent episodes of left sided chest pain that radiates across chest. Pain occurs with and without exertion. He also reports increased exercise intolerance. Having some pain about the right lower extremity along the medical aspect. ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient uses a cane; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient with chest pain, dyspnea on exertion, fatigue, symptomatic palpitations, abnormal ekg, diabetes, and new cardiomyopathy with ef of 30-35%; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient with episode of chest tightness and pressure at work during a stressful moment; dyspnea on exertion; htn; abnormal ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient with known coronary artery disease with stent placement post myocardial infarction with cardiac arrest. Has complaint of palpitations, tachycardia, and dizziness. Heart monitor worn and recorded non sustained ventricular tachycardia with maximum h; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	PCI placed 03/2020, pt is still having CP with 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 study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	pt admitted for chest pain. He received his first infusion of irinotecan. approximately an hour after the infusion was started he developed severe upper middle epigastric pain radiating up the middle of his chest. some relieve with sublingual NTG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	pt complaining of dyspnea, palpitations, fatigue, claudication, lower extremity edema.Plan:We will order an echo and stress test for his CAD and to detect EF. LE edema looks like lymphedema. Pt presents today with chronic severe Lymphedema. Stage 2. He ha; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	pt has copd , is having cp sob and worsening symptoms; This study is being ordered for Vascular Disease.; several months; There has not been any treatment or conservative therapy.; chest pain, sob,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Pt states he has a history of stent placement several years ago with Dr. Elesber. He states he needed to come in and re-establish care. He has since had another stent placed over the top of the previous stent because it was collapsing.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	pt w CAD and stent on 03/07/2019 presenting with chest pain and dyspnea on exertion; localized muscle pain making it difficult to walk; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Pt w hx CAD presenting with intermittent episode of chest pain radiating to back, severely dyspneic on exertion; extreme fatigue; smoker; htn; dyslipidemia; unable to walk tm due to multiple orthopedic issues; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Pt was in prison for 2 years therefore pt was unable to come in for any other testing done for evaluation to determination for new or worsening symptoms. Pt is having left anterior chest heaviness mostly at rest and only occasionally with exercise. Pt has; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's bilateral hip pain, difficulty ambulating. Rule out underlying ischemia. Two-dimensional echocardiographic Doppler study to assess left ventricle; This study is being ordered for Congenital Anomaly.; 01/31/2021; There has not been any treatment or conservative therapy.; precordial chest pain, shortness of breath, palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Shortness of breath; consider angina equivalent; Will get stress test and echo;; Palpitations- PVCs on EKG today; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Sinus Tachycardia - Short PR syndrome - occasional ectopic ventricular beat PRi = 96 - Old anterior infarct. - Nonspecific T- abnormality. ABNORMAL; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	SOB WITH CHF COULD BE;ISCHEMIC EQUIVALENT;CAD/PCI WITH SOB AND;NEAR SYNCOPE; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	sob;dizzy ;ecg showing bradycardia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; past 8-9 months; It is not known if there has been any treatment or conservative therapy.; exertional sob;light headedness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	STRONG FAMILY HX OF CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2-3 MONTHS AGO; It is not known if there has been any treatment or conservative therapy.; angina: She's been experiencing symptoms of chest discomfort over the past several months. He has been getting a little more frequent over the past 2 or 3 months. She describes a centralized pressure. It can occur with activity or at rest. Sometimes disco; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block; The patient has NOT had a prior stent; It is unknown if the patient has documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; 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; Ambulates using assistive device such as crutches, cane, walker, or wheelchair; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block; The patient had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	6	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on Sotalol (Betapace, Sorine, Sotylize); The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on Dofetilide (Tikosyn); The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	5 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; It is unknown if the patient had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	16	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	4	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	11 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via BBI.; The ordering MDs specialty is Cardiology; The is patient being started on or is already on another medication not listed above; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via BBI.; The ordering MDs specialty is Cardiology; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The is patient being started on or is already on Amiodarone (Pacerone, Cordarone, Nesterone); Ambulates using assistive device such as crutches, cane, walker, or wheelchair	2	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The is patient being started on or is already on another medication not listed above; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	18	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The is patient being started on or is already on another medication not listed above; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The is patient being started on or is already on Flecainide (Tambacor)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The is patient being started on or is already on Propafenone (Rythmol)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	45	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient is On continuous oxygen therapy	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; None of the above apply to this patient	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via BBI.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); The ordering MDs specialty is Cardiology	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via BBI.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is Cardiology	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has an incomplete revascularization in the past 2 years and lesion is a direct coronary risk OR attempted revascularization was less than optimally successful at reducing risk of coronary event; Agree; The ordering MDs specialty is Cardiology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); Agree; The ordering MDs specialty is Cardiology	43 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled ; Agree; The ordering MDs specialty is Cardiology	130 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled ; Cannot agree/affirm; The ordering MDs specialty is Cardiology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	5 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Left Anterior Descending	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via BBI.; The patient has a known revascularization by insertion of a stent; The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; The ordering MDs specialty is Cardiology; The vessel that had the stent inserted is Left Main Coronary Artery	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a documented ejection fraction of less than or equal to 40%; The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a history of Coronary Artery Bypass Surgery (CABG); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a known revascularization by insertion of a stent; The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology; The vessel that had the stent inserted is Left Main Coronary Artery	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	7	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member does NOT have a history of cardiac disease; A surgery Other than listed above is being performed	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has been performed recently; It's been 1 year or more since the last cardiac testing was completed; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has NOT been performed recently; This case was created via BBI.; The ordering MDs specialty is Cardiology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has NOT been performed recently; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	41 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	8 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected cardiac septal defect.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders.	27 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested to evaluate a suspected cardiac mass.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 MONTH; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN, SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; the patient said two months ago, approx 03/2021; There has not been any treatment or conservative therapy.; chest pain;shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Type 2 diabetes mellitus;chest pressure;family history cad;smokes 1ppd since 1990;recent gsw to L femur requiring orthopedic sx cannot ambulate tm; 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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	type 2 diabetes;chest pain ;dyspnea on exertion;family history cad;bmi 31;hypertension;hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Typical Atrial Flutter, detected on 3/19/21, paroxysmal; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 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 less than 20	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Unknown; This study is being ordered for Vascular Disease.; 4/26/21; It is not known if there has been any treatment or conservative therapy.; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Unstable angina; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	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.; Mr. Charles Gaines is a 47 y/o AAM with a past medical history of CHF, Nonischemic cardiomyopathy EF 20%, and Htn who is here today for a follow up. He says that he drives a truck and to get his DOT physical he needs another assessment of his LVEF. He h	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; cardiomyopathy;Asymptomatic on rx.;EF hovering around 35% by echo.;Will check MPI to evaluate EF further, then decide re: ICD, etc.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; CHRONIC SYSTOLIC HEART FAILURE EF ON MYOCARDIAL SCAN 12/2020 WAS 20%. c/o chest pain or sob patient is not wearing the life vest at this time. history of cardiomyopathy.He is wearing LifeVest but is not very compliant in last few weeks.HX HTN, HYPERLIPIDE	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy has NOT substantiated the cancer type	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is 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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; It is not known if there has been any treatment or conservative therapy.; UNKNOWN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; CHEST PAIN, SOB, PALPATIONS; EKG, MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Hypertension; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Vascular Disease.; 11/27/2012; There has not been any treatment or conservative therapy.; dysplastic tricuspid valve; the valve septal leaflet mobility is reduced as it is partially teathered to the ventricular septum.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	2 YEAR FOLLOW UP FOR PATIENT W/ ABNORMAL LVH.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Based on the fact that patient had left-sided vesicoureteral reflux, recurrent urinary tract infection, congenital heart disease, would recommend left-sided nephrectomy.; This study is being ordered for Vascular Disease.; Congenital heart defect at birth; There has been treatment or conservative therapy.; Presently is normotensive but because of renal scarring, she is at risk for developing hypertension; Left-sided vesicoureteral reflux, multiple open heart surgeries, PE tube placement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	bypass; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2020; There has not been any treatment or conservative therapy.; Chest pain, shortness of breath, worsening over last few months, decreased exercise tolerance and stamina; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Chest pain. A Lexiscan Myoview study has been ordered due to her ankle arthritis.;Murmur on exam. An echocardiogram has been ordered to evaluate this further.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; 1. Hyperlipidemia, unspecified;2. Cardiac murmur, unspecified;3. Shortness of breath;4. Chest pain, unspecified; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Down syndrome patient with complete AV canal. Status post canal repair in November 2007.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	edema to lower extremities , untreated sleep apnea last 20 years; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; chest pain, shortness breath during excretion; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/15/2020; There has been treatment or conservative therapy.; PAIN IN ABD, PALPITATIONS, CHEST PAIN, LIGHT HEADEDNESS, SHORTNESS OF BREATH ON EXERTION; CARDIAC CATH AND MEDICINE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/22/2021; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given pacemaker and previous echo; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In UnThis is a pleasant 62-year-old male, with a past medical history of arthritis, and ongoing smoker with no family history of heart disease. He says he was treated at one time with antihypertensive but does not remember the ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No This is a pleasant 62-year-old male, with a past medical history of arthritis, and ongoing smoker with no family history of heart disease. He says he was treated at one time with antihypertensive; There has been treatment or conservative therapy.; tachycardia; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	<p>EVAL FOR ISCHEMIA; This study is being ordered for Vascular Disease.; UNKNOWN; There has not been any treatment or conservative therapy.; DYSPNEA, ANGINA, SOB, ABNORMAL EKG.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	<p>evaluation of new diagnosis of atrial fibrillation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Atrial Fib-Generalized weakness; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	<p>Family history of Cardiomyopathy; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; 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>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	<p>Family history of sudden cardiac death in mother. Genetic heart conditions; This is 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.</p>	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Follow up for Ehlers-Danlos syndrome type III and postural orthostatic tachycardia syndrome; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Follow up of Ehlers-Danlos syndrome; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Follow up visit for supraaortic pulmonary stenosis, congenital anomaly of pulmonary artery. Last appointment was cancelled due to covid and they just rescheduled.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	History of hypertension, had grade 2/6 at Left Sternal border; This study is being ordered for Vascular Disease.; 2020; There has been treatment or conservative therapy.; Chest Pain, Shortness of Breath and Palpitations; medication management for Hypertension and palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Morbid obesity; This study is being ordered for Vascular Disease.; 03/23/21; There has been treatment or conservative therapy.; chest pain, SOB; compression stockings; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Mr. Christopher Smith is a 46 year old male with a past medical history of Htn, tobacco use, and obesity, who is here today for cardiac evaluation. Patient reports having occasional sharp tingling chest pain to left side of chest wall while sitting at rest; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; PALPITATIONS; DIZZINESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Mr. McCray is a 61 year old AAM with a h/o HTN, dyslipidemia, CVA, PAD, and CAS (known, right sided occlusion), he is here today to establish cardiac care. He says that for the last several months he has had pains in both legs with walking about 1 block.; This study is being ordered for Vascular Disease.; LAST SEVERAL MONTHS; There has been treatment or conservative therapy.; SHORTNESS OF BREATH AND CHRONIC FATIGUE; e is had a CTA which showed severe bilateral disease including extensive iliac disease.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Mr. Sullens is a 71 year old male here for follow up. Last seen in our clinic in 2018 by Dr. Hill. PMH of HTN and HLD. He was diagnosed with colon cancer and underwent colectomy and chemo therapy. Chest xray 12/2014 normal, venous ultrasound negative ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	multiple episodes of syncope; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	New DOS, please uphold the decision from tracking #1641013403 ; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	none; This study is being ordered for Vascular Disease.; 05/06/2021; It is not known if there has been any treatment or conservative therapy.; chest pain, claudication, DOE, HTN, tachycardia, fatigue.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	palpitations, abnormal EKG; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; Chest pain, hypertension, shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient has been experiencing SOB with little activity. Even walking she becomes SOB. PMH includes HTN and DM.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/20/2021; There has not been any treatment or conservative therapy.; Patient is a diabetic. She presented in the clinic w/ SOB w/ little activity even just walking. She reports swelling in her lower extremities.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient has been in and out of the hospital a number of times. Following up on valve replacement to prevent any further surgeries.; This study is being ordered for Congenital Anomaly.; TETRALOGY OF FALLOT; There has not been any treatment or conservative therapy.; -S/P TETRALOGY OF FALLOT SURGERY;-S/P PULMONARY VALVE REPLACEMENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient is having pain in legs and fluid. Patient is having palpitations shortness of breath and adenma; This study is being ordered for Vascular Disease.; 05/13/2021; There has not been any treatment or conservative therapy.; Patient is having chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient was born with a heart defect. He has undergone multiple interventions for this including his initial operation with monocusp followed by reoperation with bilateral pulmonary artery stenosis and subsequent branch pulmonary artery ballooning performe; This a request for an echocardiogram., This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Post heart transplant follow up; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	r/o tia vs cva rt sided facial numbness in addition to nausea and vomiting; This study is being ordered for a neurological disorder.; 5/27/21; There has not been any treatment or conservative therapy.; headache and vomiting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Reports 6 month history of non-activity related chest pain and palpitations, she noticed these after she was started on Geodon. Pain is like a pinching pain, non-radiating, associated with SOB and dizziness. He palpitations, she says the palpitations are ; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	sob;dizzy ;ecg showing braadycardia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; past 8-9 months; It is not known if there has been any treatment or conservative therapy.; exertional sob;light headedness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Structural disease; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Surveillance of heart transplant from 2013; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; It is unknown if this is being ordered for initial diagnosis of congenital heart disease, Annual follow up of congenital heart disease or Evaluation of change of clinical status.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	3	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a post operative evaluation.	88 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for an infection of the heart.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	13 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	162 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	19 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Q Wave changes	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was ST wave changes	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.	59 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary embolism.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	111 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart.	15 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for pre-operative evaluation.	8 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; It is unknown if 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	11 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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; It is unknown if the patient is asymptomatic	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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; There are new symptoms suggesting worsening of heart valve disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	3	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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 NO new symptoms suggesting worsening of heart valve disease	2 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been 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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; it is unknown if Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; It is unknown if this procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; 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 confirm chest pain was of cardiac origin	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; It is unknown if this procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	26	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	73	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	7	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	70	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease	12	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; It is unknown if the EKG is considered abnormal	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Non Specific EKG Changes	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Myocardial Perfusion Imaging has been completed	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Stress Echocardiography has been completed	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for follow up; There has NOT been a change in clinical status since the last Transthoracic Echocardiogram (TTE); It has been 24 - 35 months since the last Transthoracic Echocardiogram (TTE); The study is being ordered for Evaluation of a Murmur	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is described as grade 3/6 or greater; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is NOT described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for follow up; There has been a change in clinical status since the last Transthoracic Echocardiogram (TTE); It has been 3 years or more since the last Transthoracic Echocardiogram (TTE); The study is being ordered for Evaluation of a Murmur	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is NOT described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	4 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older.	13 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	53 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is being ordered by a Cardiologist.; Post operative exam for cardiac intervention best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	15 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	18 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	8	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an evaluation of new or changing symptoms of valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	25 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	18 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	6 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is 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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	36 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this request is for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	45 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	18 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	66 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	39 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; It is unknown if this is being ordered for initial diagnosis of congenital heart disease, Annual follow up of congenital heart disease or Evaluation of change of clinical status.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	13 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	5 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	11 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It is unknown if it has been at least 24 months since the last echocardiogram was performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	36 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	114 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	79 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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).	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	139 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It is unknown if it has been at least 24 months since the last echocardiogram was performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	282 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4 to 6 weeks prior; It is not known if there has been any treatment or conservative therapy.; Dyspnea with Exertion, Angina, Abnormal Electrocardiogram, Heart Murmur; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; the patient said two months ago, approx 03/2021; There has not been any treatment or conservative therapy.; chest pain;shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	TOF (tetralogy of Fallot); ;Overview; ; ;S/p tetralogy of Fallot repair;S/p pulmonary valve replacement with a 27 mm Perimount valve;S/p transcatheter pulmonary valve replacement with a 29 mm Sapien 3 valve after intentional fracture of the valve;; This study is being ordered for Vascular Disease.; Congenital disease; There has been treatment or conservative therapy.; Right bundle branch block with occasional premature atrial complexes and premature ventricular complexes; S/P pulmonary valve replacement;S/P repair of tetralogy of Fallot; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; It is unknown if this is being ordered for initial diagnosis of congenital heart disease, Annual follow up of congenital heart disease or Evaluation of change of clinical status.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	unknown; This study is being ordered for Vascular Disease.; 03/24/2021; There has been treatment or conservative therapy.; patient is having chest pain, hypertension and shortness of breath, dizziness, and fatigue; patient has had medication and ekg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	valvular disease; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Velocardiofacial syndrome with 22q.11 deletion and partial DiGeorge syndrome.;2. Developmental delay.;3. Tetralogy of Fallot with absent pulmonary valve and history of pulmonary artery;plication, complete repair, and pulmonary valve replacement with a ; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.; History of coronary artery anomaly; Pulmonary artery reconstruction with placement of an aortopulmonary shunt as a neonate; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	; 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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	1. Coronary artery disease, status post three-vessel bypass with the LIMA to LAD, vein to ramus, vein to PDA. Doing well with no angina. Continue cardiac rehab.;2. Chronic systolic heart failure with mildly reduced LVEF at 45% and lateral wall hypoki; 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	1. Ischemic cardiomyopathy with a current LVEF of 45%. The patient is still having some shortness of breath. Given new guidelines for Entresto, he would be a candidate to start his, however, his creatinine is still quite elevated with his CKD stage III; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Enter answer here - or Type In Unknown If No Info Given. 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	patient has severe aortic valve stenosis she is not presently a TAVR candidate and that she would require open heart surgery if it is needed.The patient will require right and left heart catheterization to evaluate for valvular heart disease and to see wh; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	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.	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	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.	51 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	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.	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	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.	15 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 is patient being started on or is already on another medication not listed above	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	8 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); Agree; The ordering MDs specialty is Cardiology	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled; Agree; The ordering MDs specialty is Cardiology	29	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Left Anterior Descending	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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	3	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via BBI.; The patient has a Body Mass Index (BMI) greater than 40; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a Body Mass Index (BMI) greater than 40; Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	8	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a history of Coronary Artery Bypass Surgery (CABG); Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	5	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	24 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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.	214 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the Neck.	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Left ear fullness, dizziness; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' 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).; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PALPITATIONS/TACHYCRDIA OVER SEVERAL YEARS, SOB, ABNORMAL ECG; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had a Thorasic Aortic Anuerysm, this is to follow up on status.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 2020; There has been treatment or conservative therapy.; Patient reports feeling tired. She is lately more short of breath while running. She runs about 3 to 4 miles, 3 days a week. No chest pain, orthopnea, PND, leg swelling, dizziness, lightheadedness, syncope, palpitations. She saw Dr. Kamalov at Baptist; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In UnThis is a pleasant 62-year-old male, with a past medical history of arthritis, and ongoing smoker with no family history of heart disease. He says he was treated at one time with antihypertensive but does not remember the ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No This is a pleasant 62-year-old male, with a past medical history of arthritis, and ongoing smoker with no family history of heart disease. He says he was treated at one time with antihypertensive; There has been treatment or conservative therapy.; tachycardia; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	congenital heart disease known or suspected coarctation. Evaluation for evidence of collateral or other complications.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	valvular heart disease, follow up to assess pulmonary valve quantify pulmonary regurgitation, RV volume and function, branch pulmonary arteries, aortic dimensions and LC function; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	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.; back; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the upper extremity.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	lower extremity claudication, classified as Rutherford class II; This study is being ordered for Vascular Disease.; about 2 months ago; There has been treatment or conservative therapy.; lower extremity claudication, classified as Rutherford class II; nerve conduction testing and dippolers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	These exams are requested as part of patient's pre heart transplant work up/eval.; This study is being ordered for Vascular Disease.; 3/30/2021; There has not been any treatment or conservative therapy.; heart failure, worsening heart function, severe LV dilatation, CAD, ischemic cardiomyopathy, dyspnea on exertion, lower extremity edema.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a kidney/ureteral stone.; It is not known if this patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 a vascular disease.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 2020; There has been treatment or conservative therapy.; Patient reports feeling tired. She is lately more short of breath while running. She runs about 3 to 4 miles, 3 days a week. No chest pain, orthopnea, PND, leg swelling, dizziness, lightheadedness, syncope, palpitations. She saw Dr. Kamalov at Baptist; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PALPITATIONS/TACHYCRDIA OVER SEVERAL YEARS, SOB, ABNORMAL ECG; 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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	lower extremity claudication, classified as Rutherford class II; This study is being ordered for Vascular Disease.; about 2 months ago; There has been treatment or conservative therapy.; lower extremity claudication, classified as Rutherford class II; nerve conduction testing and dippolers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	congenital heart disease known or suspected coarctation. Evaluation for evidence of collateral or other complications.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	valvular heart disease, follow up to assess pulmonary valve quantify pulmonary regurgitation, RV volume and function, branch pulmonary arteries, aortic dimensions and LC function; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	1. Hypertension, now controlled. Continue current medicines.;2. Abnormal EKG with very strong family history of premature coronary artery disease. We will check a coronary calcium score.;3. Hyperlipidemia, started on Lipitor. We will send a repeat; This is a request for a CT scan for evaluation of coronary calcification.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Ms. Kight is a 60 yo wmn who was last seen 3/19/2019.; She is here today due to recent stabbing pain in her left shoulder blade region. She took 2 ASA and went to bed, pain resolved. She did follow up with chiroropractor, no issues since. ; ; This is a request for a CT scan for evaluation of coronary calcification.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Patient has Hypertension, chest pains, dyspnea; This is a request for a CT scan for evaluation of coronary calcification.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	patient was hospitalized at the VA, tried a heart monitor but has allergic reaction to adhesive. Was treated with NTG, some breathing difficulties. patient has chronic diastolic congestive heart failure and palpitations; This is a request for a CT scan for evaluation of coronary calcification.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	S17.210 - E11.9; This is a request for a CT scan for evaluation of coronary calcification.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for a Heart CT.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	chest pain, dyspnea on exertion;SOB;calcium score 233;DM type 2;HTN ,hyperlipidemia;not a treadmill candidate; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	chest pain; 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.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	J point elevation in inferior and anterolateral leads. Cant exclude pericarditis although she has no real symptoms of that. She has had chemotherapy and radiation therapy so that may be related. Echo to assess wall motion and pericardium.;Consider Bru; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	none; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Patient is having current symptoms of shortness of breath, edema in extremities, palpitations and chest pain/pressure.; 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	15 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Unremarkable stress echo 2020, continued angina; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the abdominal arteries.	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	PATIENT HAS SIGNIFICANT CAD, WITH CHEST PAIN. BMI IS 35 BUT HAS SIGNIFICANT CENTRAL OBESITY; This study is being ordered to identify a myocardial perfusion defect.; This patient has NOT had a SPECT scan within the past eight (8) weeks.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The patient does NOT have a body Mass List score index equal to or above 40.; This is a request for a Heart PET Scan with CT for Attenuation.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 30 to 39	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; It is not known if there has been any treatment or conservative therapy.; UNKNOWN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; SOB, CHEST PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; CHEST, HYPERTENSION, SOB; MEDICATIONS, PATIENT EDUCATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Hypertension; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	. Fatigue with decreased exercise and work tolerances, likely indicative of angina, though other etiologies such as obstructive sleep apnea or thyroid disease could account for this.;2. Hypertension: Blood pressure is elevated today.;3. Probable obs; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1. Abnormal myocardial perfusion imaging study showing inferior infarct with peri-infarct ischemia. There is also significant gut uptake/subdiaphragmatic attenuation which reduces the sensitivity & specificity of this study.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1. Precordial discomfort, worrisome for angina. We will go ahead and rule out ischemia with a Lexiscan. We will also check an echocardiogram to rule out pericarditis/pericardial effusion.;2. Hypertension, controlled.;3. Hyperlipidemia, on Lipitor; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1. Recurrent chest pain in the patient at intermediate risk of coronary artery disease likely indicative of angina.;2. Abnormal electrocardiogram.;3. Tobacco abuse: The patient is working diligently at smoking cessation.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	2 week history of shortness of breath and lower extremity edema that is worsening; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Abnormal EKG with possible right ventricular hypertrophy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease., beginning of May 2021; It is not known if there has been any treatment or conservative therapy.; left shoulder and arm discomfort. It is not predictable. It occurs with exertion and at rest. He had some shortness of breath with exertion. He has a history of bypass surgery in the past about six years ago and has not followed up with us since that ti; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Abnormal EKG, Exertion dyspnea; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Attempted stress echo 5/5/21. Patient was unable to walk past Bruce stage 1 due to left hip and leg pain. He has known peripheral vascular disease of the left leg. Total exercise time 3:10 with max heart rate of 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 20 to 29	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Atypical Chest Pain, HTN;;about 4 months ago she was working at home when her husband suddenly grabbed her by her left arm and pulled her and since then she has been having chest pain. She also says that she has been having chest heaviness when she exer; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Atypical chest pain;-Unclear etiology: Differentials include angina or acid reflux.;;- Continue aspirin 81 mg p.o. daily;-Continue Lipitor 40 mg p.o. daily. Last LDL was 49.;;- Continue Cardizem CD 360 mg p.o. daily;- Increase Imdur from 90 mg to 120 mg ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	BMI 29.7; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	bmi 35;chest pain center of chest radiating into back and left arm;;OSA wears CPAP;;palpitations;;hyperlipidemia;;family history; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	bypass; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2020; There has not been any treatment or conservative therapy.; Chest pain, shortness of breath, worsening over last few months, decreased exercise tolerance and stamina; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	CAD pt has coronary calcium score of over 800; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	CAD with stents to RCA in 2010/2011;;Chest pain;dyspnea;Lung CA;Hypertension;long term smoker;;ekg sinus tachycardia with inferior T wave inversions; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Cardiovascular Procedure - 06/02/2015 - PCI/DES to Distal RCA;Cardiovascular Procedure - 06/01/2015 - PCI/DES to Proximal LAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain ;dyspnea;hypertension;diabetes mellitus type 2; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	CHEST PAIN WITH STRESS, RELIEVED WITH REST.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain, htn, dyspnea; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	CHEST PAIN;PALPITATIONS; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chronic diastolic heart failure Peripheral arterial 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 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	complete heart block abnormal treadmill stress test; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	concerned to see if her heart has been damaged. She has exertional shortness of breath and states that when she takes a deep breath it is more difficult than before having COVID.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	ct of the chest.; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Diabetes mellitus;hypertension;20yr smoking hx 1ppd;chest pain;strong family hx heart dz; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Dizzy, Shortness of Breath upon Exertion, Shortness of Breath, Headache, Chest pain. nothing gives relief. nothing makes it worse;Numbness in left arm, tingling in right arm;chest heaviness.pT states when she was born, she had an enlarged heart. CURRENT; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	DUE TO THE PT'S CHEST PAIN, SHORTNESS OF BREATH, PALPITATIONS, AND HIGH BLOOD PRESSURE AND CHOLESTEROL, WE NEED TO EVAL FOR INDUCIBLE ISCHEMIA; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Dyspnea and chest pain/discomfort w activity; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	EKG in clinic today shows sinus mechanism with an incomplete right bundle-branch block. ; He does have significant risk factors including hypertension, diabetes mellitus, smoking, and family history (father and mother both with CAD).; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The 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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/09/2018; There has been treatment or conservative therapy.; chest pain hypertention palpitations; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/22/2021; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/26/2021; There has not been any treatment or conservative therapy.; chest pain and dull pain, pain in legs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In UnknownShortness of breath;- Consider angina equivalent;- Will get stress test;- Will get echo;- Palpitations;- Will get 14day EVR;- Leg pain;- Occurs at rest and activity;- Will get ABIs;- Hypertension;- Controlle; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The study is 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type InMs. Wright is a 64 year old female with past medical history of HTN, DM and former tobacco abuse. She presents today to establish care due to chest pain, ongoing x 1 year but has worsened x 2 months. She reports L sided inter; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	FREEQ. Palpitations, DYSPNEA ON EXERTION, ABN LIPIDS.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	He admits to shortness of breath at rest. He has shortness of breath when laying in bed. ;And also has chest pain;Pt is unable to walk on treadmill due to being unable to walk short periods of time due to being 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 patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	High Risk patient HTN, HDL, LDL abnormal, BMI over 35, Current every day smoker, dad with cardiac hx at a young age, abnormal holter study, Afib, SVT and Vtach current fatigue and palpitations, patient is an over the road truck driver.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Hypertension, HBP, smoker, strong family history(father passed at 50 yrs old from heart attack); This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Hypertension, High risk - diabetic; This study is being ordered for Vascular Disease.; 3/9/21; There has been treatment or conservative therapy.; palpitations; Ct 9/5/2020; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Known PVD making it difficult for meaningful exercise via treadmill; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Middle-aged diabetic man with exertional dyspnea concerning for angina equivalent. Denies angina. He has underlying VTE on chronic AC. He also has HTN and tobacco abuse.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Morbid obesity; This study is being ordered for Vascular Disease.; 03/23/21; There has been treatment or conservative therapy.; chest pain, SOB; compression stockings; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Mr. Christopher Smith is a 46 year old male with a past medical history of Htn, tobacco use, and obesity, who is here today for cardiac evaluation. Patient reports having occasional sharp tingling chest pain to left side of chest wall while sitting at res; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; PALPITATIONS; DIZZINESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Ms. Spurlock is a 56 year old WW with a h/o high cholesterol, hypothyroidism, anxiety, and HTN, she has been referred here today for chest pain. She says that about a week or two ago, she started to have chest pain. These chest pain are in the center of; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 WEEKS AGO; There has not been any treatment or conservative therapy.; CHEST PAIN IN CENTER OF CHEST; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Multiple risk factors;Known claudication/abnormal ABI limiting treadmill ability;Dyspnea/decreased exercise tolerance concerning for anginal equivalent; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	NEW CARDIAC SYMPTOMS; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	New patient with chest pains last 3 years, precordial area, at rest, shooting type, radiating left arm, up 1.5 minutes with dyspnea, two episodes a day, dyspnea with exertion at time dizzy at times missed beats, palpitations, smoker 1/2 pack a day; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	No Stress Echo within 60 mile radius. Patient unable to walk at a brisk pace or upstairs due to back and knees. Abn normal ekg that suggest previous inferior myocardial infarction.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	No Stress Echos Done within 60 mile radius. Patient has difficulty walking and walking up an incline do to chronic right knee pain. Patient current tobacco user. Patient had abnormal ekg suspected of previous inferior myocardial infarction.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Vascular Disease.; 05/06/2021; It is not known if there has been any treatment or conservative therapy.; chest pain, claudication, DOE, HTN, tachycardia, fatigue.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	PALPITATIONS, ABNORMAL EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	PALPITATIONS,TACHYCARDIA,SOB,FAMILY HISTORY ABNORMAL ECG; 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	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	palpitations;COPD;Emphysema;hypertension;bmi 24;ventricular ectopy on holter; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	patient complains of angina, dyspnea on exertion and claudication. Patient has hypertension, BMI of 38.38 and asthma; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	patient complains of chest pain, shortness of breath, palpitations, COPD, heart murmur and premature atrial contraction.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	PAtient has CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	patient has chest pressure, angina pectoris, shortness of breath, CAD, coronary stent, and hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient is having pain in legs and fluid. Patient is having palpitations shortness of breath and adenma; This study is being ordered for Vascular Disease.; 05/13/2021; There has not been any treatment or conservative therapy.; Patient is having chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	patient is not able to walk flights of stairs. Patient has severe chest pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient w CAD and stent having cp and dyspnea on exertion similar to cp before stent placement. Attempted stress echo but patient was only able to walk 3 minutes therefore test is inconclusive. She has difficulty walking due to ankle joint pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient with hypertension and family hx of CAD complaining of chest pressure with associated nausea that gets worse w exertion. SOB and fatigue. patient is a smoker; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt experienced syncopal episode; also c/o burning type chest pain 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 pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	pt has radiating CP, hypertension, hyperlipidemia, dizziness and is a current smoker.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	PT IS HAVING ACTIVE CHEST PAIN AND HAS STENTS. PT HAS CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Relatively young obese woman with atypical CP. She has an abnormal ECG. Would get an echo to assess for SHD/valve disease. Would also get an MPI to further risk stratify.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	sent to this office by her primary care physician Mrs. Monique Thammavong APN due to chest pain and abnormal EKG. The patient referred episodes of chest pain, central location, 2-8 out of 10 in severity, heaviness in character, one and often episodes las; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	sharp substernal chest pain relieved with rest;;dyspnea;;family hx cad;;hypertension;;hyperlipidemia;;bmi 30;;ekg shows sinus rhythm with premature supraventricular and ventricular beats, poor r wave progression anteriorly; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	She continues to have exertional dyspnea suggestive angina equivalent. Echo with preserved LV function, mild AR. Would get an MPI to assess ischemia burden.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	smoker, copd;, dyspnea, cp, abn ekg,; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	which comes and goes. No specific pattern. No change with activity, position, meals. Has not been exercising regularly since August. Prior to that would ride stationary bike and would ride for 40-45 minutes 3x week. As; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/20/21; Was referred to hematology to see Dr. Chen who suspects platelet issue. There are plans to do platelet aggregation study but she is required to be off aspirin was initially started for TIA which occurred in 2001 and she was incidentally found to ; There has not been any treatment or conservative therapy.; Pertinent history includes: Mitral Valve Prolapse, Hypertension, Palpitations.; Patient describes squeezing sensation with sharp pains which comes and goes. No specific pattern. No change with activity, position, meals. Has not been exercising regularly s; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block; The patient has NOT had a prior stent; It is unknown if the patient has documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; Ambulates using assistive device such as crutches, cane, walker, or wheelchair; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient has been presenting new onset chest pain, radiated to the right upper extremity, pressure in character, mild severity, that appears with no evident triggering factors, no relieving factor, associated to 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 surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient is a white male who had a myocardial infarction in 2012. He had syncope. He has exertional chest pain. He is limited to walking 2 blocks by dyspnea; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms. The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; It is unknown if the patient had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	5 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; It is unknown if the patient had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 a Medicare member.; None of the above apply to this patient	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	2	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Left Anterior Descending	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Right Coronary Artery	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member does NOT have a history of cardiac disease; A surgery Other than listed above is being performed	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the study is requested for suspected or known coronary artery disease.; The member has known or suspected coronary artery disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	23 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is for evaluation of chest pain and shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4 to 6 weeks prior; It is not known if there has been any treatment or conservative therapy.; Dyspnea with Exertion, Angina, Abnormal Electrocardiogram, Heart Murmur; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/12/2021; There has not been any treatment or conservative therapy.; SOB/ CHEST PAIN/ MITRAL REGURITATION/; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/5/2021; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Chest pain, unspecified; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; A FEW MONTHS AGO; There has not been any treatment or conservative therapy.; LEFT SIDED CRAMPING CHEST PAIN; LEFT ARM NUMBNESS AND TINGLING; PALPITATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	TTE was done on the 8th; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Type 2 Diabetic;Hypertension;Hyperlipidemia;Chest Pain;Palpitations;Smoker;Non alcoholic steatohepatitis; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; 03/24/2021; There has been treatment or conservative therapy.; patient is having chest pain, hypertension and shortness of breath, dizziness, and fatigue; patient has had medication and ekg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	6 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 WEEKS; There has not been any treatment or conservative therapy.; Ms. Kristina McIntyre is a 34 year old with a past medical history of Htn, family history of CAD, Diabetes, and obesity, who is here today for cardiac evaluation. Pt states she started having sharp substernal chest pain that radiates to the left side, las; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; OCT 2020; There has not been any treatment or conservative therapy.; SSS/ AFIBT PSVT. S/P COVID; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ONGOING FOR A COUPLE OF MONTHS; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN;FATIGUE ;PALPATATIONS ;HERAT POUNDING AND SKIPING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; SOB, CHEST PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; CHEST, HYPERTENSION, SOB; MEDICATIONS, PATIENT EDUCATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 04/27/2021; There has not been any treatment or conservative therapy.; Chronic, unchanged SOB, carotid bruit, h/o CAD s/p remote stents; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 6/1/21; There has been treatment or conservative therapy.; ; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 11/27/2012; There has not been any treatment or conservative therapy.; dysplastic tricuspid valve; the valve septal leaflet mobility is reduced as it is partially teathered to the ventricular septum.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/09/2018; There has been treatment or conservative therapy.; chest pain hypertenention palpitations; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/26/2021; There has not been any treatment or conservative therapy.; chest pain and dull pain, pain in legs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/26/2021; There has not been any treatment or conservative therapy.; shortness of breath with activity, fatigue, weakness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; chest pain, shortness of breath and lower extremity adnema; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 4/23/2021; There has been treatment or conservative therapy.; chest pain and shortness of breath, hypertension, previous heart attack; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Exertional Chest pain/dyspnea: concerning for possible angina and recommend objective assessment. Will check echo and nuclear stress test and try and expedite. Reviewed cautions with activities and symptoms for which to seek emergency evaluation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/25/2021; There has been treatment or conservative therapy.; Exertional Chest pain/dyspnea, short of breath with a chest ache when he 'over exerts' himself, HEART RACING; MEDICATION GIVEN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	f/up 4/21/21 ECG which showed poor Rwave progression; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/21/2021; There has been treatment or conservative therapy.; Chest pain; shortness of breath; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	He does have known CAD with stents in 2018 and pulmonary hypertension; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; he reports these issues started worsening over the past few weeks.; There has not been any treatment or conservative therapy.; shortness of breath and lower extremity edema; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	HTN, HYPERLIPIDEMIA, DIABETES MELLITUS, DYSPNEA WITH CHEST TIGHTNESS, ABNORMAL EKG, SYSTOLIC EJECTION MURMUR, RECALCITRANT LOWER EXTREMITY EDEMA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JAN 2021; It is not known if there has been any treatment or conservative therapy.; DYSPNEA, UNSPECIFIED, DIABETES MELLITUS, ESSENTIAL HYPERTENSION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Hypertension, High risk - diabetic; This study is being ordered for Vascular Disease.; 3/9/21; There has been treatment or conservative therapy.; palpitations; Ct 9/5/2020; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	LOWER EXTREMITY EDEMA WITH ELEVATED BNP, HTN, DIABETES MELLITUS, CORONARY ARTERY DISEASE, RECURRENT ANGINA, SYSTOLIC EJECTION MURMUR.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-8 WEEKS PRIOR; There has been treatment or conservative therapy.; ESSENTIAL HYPERTENSION, LOWER EXTREMITY EDEMA, DYSPNEA ON EXERTION.; PT HAS BEEN SEEN AT MEDICAL FACILITIES FOR THESE COMPLAINTS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Mr. Shaw is a 61 year old Caucasian male with a chronic past medical history of CAD s/p stent of the RCA(2004), hypertension, hyperlipidemia, and diabetes, here today for follow up. Patient reports having aching chest pain to the left side of chest wall t; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; aching chest pain to the left side of chest wall that lasts for about an hour with no specific triggers. Patient reports having dizziness throughout the day with position changes. Patient reports also having palpitations that feel like his heart is flutte; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Ms. Blackstock is a 37 year old WW with migraines and seizure disorder. She has been referred by Dr. Frigon for syncopal episodes. Today, she reports having her second covid vaccine on April 6th and woke up on the next day feeling worse than she did whe; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 MONTHS; There has not been any treatment or conservative therapy.; SYNCOPE; SEVERE DIZZINESS; SHORTNESS OF BREATH; EXTREMELY FATIGUED; CHEST HEAVINESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Ms. Graham is a 61 year old WW with a past medical history of hypertension, COPD, carotid artery stenosis s/p left carotid endarterectomy, GERD, and tobacco dependence. She is referred by her primary care provider, Amy White, APRN (Mainline Start City). ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She reports 3 weeks ago; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN; SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Ms. Spurlock is a 56 year old WW with a h/o high cholesterol, hypothyroidism, anxiety, and HTN, she has been referred here today for chest pain. She says that about a week or two ago, she started to have chest pain. These chest pain are in the center of; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 WEEKS AGO; There has not been any treatment or conservative therapy.; CHEST PAIN IN CENTER OF CHEST; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	NONE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; CHEST PAIN ON EXERCITION, SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	ON 08/25/2020 patient had a successful percutaneous transluminal coronary angioplasty of tandem 80% and 60% stenosis in the proximal third of right coronary artery w/ placing a 3.5mm x 38mm DES. Today he presents w/ occasional left sided chest pain that h; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/03/2020; There has not been any treatment or conservative therapy.; Chest Pain; Fatigue; CAD; SOB w/ min activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	pre TAVR eval for patient with SEVERE aortic stenosis; This study is being ordered for Vascular Disease.; 2/3/2021; There has not been any treatment or conservative therapy.; lethargy, shortness of breath, dizziness, severe aortic stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	pt has copd , is having cp SOB and worsening symptoms; This study is being ordered for Vascular Disease.; several months; There has not been any treatment or conservative therapy.; chest pain, SOB.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	which comes and goes. No specific pattern. No change with activity, position, meals. Has not been exercising regularly since August. Prior to that would ride stationary bike and would ride for 40-45 minutes 3x week. As; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/20/21; Was referred to hematology to see Dr. Chen who suspects platelet issue. There are plans to do platelet aggregation study but she is required to be off aspirin was initially started for TIA which occurred in 2001 and she was incidentally found to ; There has not been any treatment or conservative therapy.; Pertinent history includes: Mitral Valve Prolapse, Hypertension, Palpitations.; Patient describes squeezing sensation with sharp pains which comes and goes. No specific pattern. No change with activity, position, meals. Has not been exercising regularly s; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	STRONG FAMILY HX OF CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2-3 MONTHS AGO; It is not known if there has been any treatment or conservative therapy.; angina: She's been experiencing symptoms of chest discomfort over the past several months. He has been getting a little more frequent over the past 2 or 3 months. She describes a centralized pressure. It can occur with activity or at rest. Sometimes disco; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a post operative evaluation.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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 year since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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; There are new symptoms suggesting worsening of heart valve disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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 asymptomatic	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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 NO new symptoms suggesting worsening of heart valve disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; It is unknown if Results of other testing completed fail to confirm chest pain was of cardiac origin	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	7	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	17	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	15	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was NOT considered abnormal	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Stress Echocardiography has been completed	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for follow up; There has been a change in clinical status since the last Transthoracic Echocardiogram (TTE); It has been 13 - 23 months since the last Transthoracic Echocardiogram (TTE); The study is being ordered for Evaluation of a Murmur	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is NOT described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	11 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	17	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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 Pulmonary Hypertension.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 MONTH; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN, SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/12/2021; There has not been any treatment or conservative therapy.; SOB/ CHEST PAIN/ MITRAL REGURITATION/; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/17/2021; There has not been any treatment or conservative therapy.; Chest pain, Angina, dyspnea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/5/2021; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Chest pain, unspecified; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; A FEW MONTHS AGO; There has not been any treatment or conservative therapy.; LEFT SIDED CRAMPING CHEST PAIN; LEFT ARM NUMBNESS AND TINGLING; PALPITATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Vascular Disease.; 4/26/21; It is not known if there has been any treatment or conservative therapy.; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	valvular disease; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Velocardiofacial syndrome with 22q.11 deletion and partial DiGeorge syndrome.;2. Developmental delay.;3. Tetralogy of Fallot with absent pulmonary valve and history of pulmonary artery;plication, complete repair, and pulmonary valve replacement with a ; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.; History of coronary artery anomaly; Pulmonary artery reconstruction with placement of an aortopulmonary shunt as a neonate; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	Abnormal EKG with possible right ventricular hypertrophy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; beginning of May 2021; It is not known if there has been any treatment or conservative therapy.; left shoulder and arm discomfort. It is not predictable. It occurs with exertion and at rest. He had some shortness of breath with exertion. He has a history of bypass surgery in the past about six years ago and has not followed up with us since that ti; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	The patient is here for follow-up. The patient was last seen in office in 11/2020. MUGA scan done on;01/14/2021 showed EF 47%. The patient is here for return hospital visit. The patient was hospitalized at SVI for;shortness of breath and worsening lower; 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	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 suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Based on the fact that patient had left-sided vesicoureteral reflux, recurrent urinary tract infection, congenital heart disease, would recommend left-sided nephrectomy.; This study is being ordered for Vascular Disease.; Congenital heart defect at birth; There has been treatment or conservative therapy.; Presently is normotensive but because of renal scarring, she is at risk for developing hypertension; Left-sided vesicoureteral reflux, multiple open heart surgeries, PE tube placement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	History of hypertension, had grade 2/6 at Left Sternal border.; This study is being ordered for Vascular Disease.; 2020; There has been treatment or conservative therapy.; Chest Pain, Shortness of Breath and Palpitations; medication management for Hypertension and palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 is patient being started on or is already on Amiodarone (Pacerone, Cordarone, Nesterone)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 is patient being started on or is already on another medication not listed above	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 speciality is not Cardiology or Cardiac Surgery	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 revascularization by insertion of a stent; The vessel that had the stent inserted is Left Anterior Descending	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/17/2021; There has not been any treatment or conservative therapy.; Chest pain, Angina, dyspnea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	TOF (tetralogy of Fallot); ;Overview; ; ;S/p tetralogy of Fallot repair;S/p pulmonary valve replacement with a 27 mm Perimount valve;S/p transcatheter pulmonary valve replacement with a 29 mm Sapien 3 valve after intentional fracture of the valve;; This study is being ordered for Vascular Disease.; Congenital disease; There has been treatment or conservative therapy.; Right bundle branch block with occasional premature atrial complexes and premature ventricular complexes; S/P pulmonary valve replacement;S/P repair of tetralogy of Fallot; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Velocardiofacial syndrome with 22q.11 deletion and partial DiGeorge syndrome.;2. Developmental delay.;3. Tetralogy of Fallot with absent pulmonary valve and history of pulmonary artery;plication, complete repair, and pulmonary valve replacement with a ; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.; History of coronary artery anomaly; Pulmonary artery reconstruction with placement of an aortopulmonary shunt as a neonate; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		PT HAD SLIPPED MOVING OUT OF A MOVING CAR AND FELL IN RAIN. SHE LANDED ON RIGHT HIP AND NOW COMPLAINING OF NECK PAIN AND LOW BACK PAIN. THE PAIN RADIATES IN HANDS AND LEGS. SHE HAS TAKEN OVER THE COUNTER PAIN MEDS AND HAS APPLIED ICE WITH NO RELIEF. SHE R; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		PT HAD SLIPPED MOVING OUT OF A MOVING CAR AND FELL IN RAIN. SHE LANDED ON RIGHT HIP AND NOW COMPLAINING OF NECK PAIN AND LOW BACK PAIN. THE PAIN RADIATES IN HANDS AND LEGS. SHE HAS TAKEN OVER THE COUNTER PAIN MEDS AND HAS APPLIED ICE WITH NO RELIEF. SHE R; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 as a Pre-operative evaluation	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 None of the above	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Chiropractic Medicine	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has been unable to perform therapy due to increasing/worsening symptoms of pain, weakness and radiculopathy in her neck and right arm following a motor vehicle accident. Doctor wants to postpone care until patient can get an MRI for clearance to c; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Chiropractic Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	+3 tenderness to palpation at T4-T9 level and +2 tenderness to palpation at C5-7 level.; 05/01/2021; There has been treatment or conservative therapy.; Neck and middle back pain. Pain is 8/10 (NRS) ROM is very painful and resitricted in all directions for cervical and thoracic areas. Muscle spasms in left thoracic spine paravertebral muscles is present, including left rhomboid and upper trapezius.; Physical therapy, OTC medications; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Radiating Pain; Chiropractic care for at least 6 visits and x rays.; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	LOW BACK PAIN;NECK PAIN ;PAIN IN THORACIC ;TO RULE OUT HERNIATED NUCLEUS PULPOSUS; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been unable to perform therapy due to increasing/worsening symptoms of pain, weakness and radiculopathy in her neck and right arm following a motor vehicle accident. Doctor wants to postpone care until patient can get an MRI for clearance to c; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Chiropractic 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; The patient does not have any of the above listed items	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Chiropractic Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	+3 tenderness to palpation at T4-T9 level and +2 tenderness to palpation at C5-7 level.; 05/01/2021; There has been treatment or conservative therapy.; Neck and middle back pain. Pain is 8/10 (NRS) ROM is very painful and restricted in all directions for cervical and thoracic areas. Muscle spasms in left thoracic spine paravertebral muscles is present, including left rhomboid and upper trapezius.; Physical therapy, OTC medications; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Chiropractic Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Radiating Pain; Chiropractic care for at least 6 visits and x rays.; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Radiating Pain; Chiropractic care for at least 6 visits and x rays.; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	LOW BACK PAIN;NECK PAIN ;PAIN IN THORACIC ;TO RULE OUT HERNIATED NUCLEUS PULPOSUS; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Chiropractic Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has been unable to perform therapy due to increasing/worsening symptoms of pain, weakness and radiculopathy in her neck and right arm following a motor vehicle accident. Doctor wants to postpone care until patient can get an MRI for clearance to c; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Colon & Rectal 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Colon & Rectal Surgery	Approval	71250 Computed tomography, thorax; without contrast material		We will restage her with a pelvic MRI and a PET CT to evaluate for metastatic disease as well as the extent of the mass. I suspect she will require a posterior exenteration, vulvectomy, posterior vaginectomy and reconstruction depending on what the imagin; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Colon & Rectal 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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		newly discovered rectal adenocarcinoma; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Rectal cancer, staging, loco regional rectal cancer; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	vaginal cuff as soft tissue fullness on the right side measuring 3.2 x 1.4 cm.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	We will restage her with a pelvic MRI and a PET CT to evaluate for metastatic disease as well as the extent of the mass. I suspect she will require a posterior exenteration, vulvectomy, posterior vaginectomy and reconstruction depending on what the imagin; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Colon & Rectal 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 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Colon & Rectal 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.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; 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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		We will restage her with a pelvic MRI and a PET CT to evaluate for metastatic disease as well as the extent of the mass. I suspect she will require a posterior exenteration, vulvectomy, posterior vaginectomy and reconstruction depending on what the imagin; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Colon & Rectal 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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Colon & Rectal Surgery	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Dermatology	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.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Dermatology	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	Approval	72128 Computed tomography, thoracic spine; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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 directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	see clinicals; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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	2	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	see clinicals; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	13 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	12 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurological deficit(s); This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 None of the above	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	Approval	73720 Magnetic resonance (eg, proton) 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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.	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	4/12/2021; There has been treatment or conservative therapy.; BILAT SEVERE RIGHT POST RIB PAIN, S/P RIB PAIN - S/P MOTORCYCLE ACCIDENT; NSAIDS, gabapentin 400 mg tid, tylenol, prednisone; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; 08/12/2019; There has been treatment or conservative therapy.; Bilateral L5 radicular component.;High suspicion of cervical myeloradiculopathy resulting in multiple falls. Impaired tandem gait. Pathologic normoreflexia.; conservative care including non-steroidal anti-inflammatory medication, lifestyle modification, physical therapy, time, healing and rest.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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.	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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 than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; 08/12/2019; There has been treatment or conservative therapy.; Bilateral L5 radicular component.;High suspicion of cervical myeloradiculopathy resulting in multiple falls. Impaired tandem gait. Pathologic normoreflexia.; conservative care including non-steroidal anti-inflammatory medication, lifestyle modification, physical therapy, time, healing and rest.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Follow-up to spine injection in the past 6 months	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 None of the above	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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	Enter answer here - US of lower ext arterial , if claudication consider CTA to see if needs stent. US BILAT LE ARTERIAL: MONOPHASIC ARTERIAL WAVEFORMS RT POSTERIOR TIBIAL ARTERY. MULTIPHASIC ARTERIAL WAVEFORMS IDENTIFIED THROUGHOUT THE REMAINDER OF BOTH ; This study is being ordered for Vascular Disease.; Enter date of initial onset here 3/9/2020 INTERMITTENT claudication PER CLINIC NOTE; There has been treatment or conservative therapy.; Describe primary symptoms here -Describes claudication symptoms, can not walk very far without sudden leg pain that must stop and rest, then can move on again.; Describe treatment / conservative therapy here - pain in lower limb (Bilateral);Medrol (Pak) 4 mg tablets in a dose pack;physical therapy referral; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	Disapproval	73720 Magnetic resonance (eg, proton) imaging, 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 speciality is NOT Orthopedics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Doctors and Rehabilitation	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	4/12/2021; There has been treatment or conservative therapy.; BILAT SEVERE RIGHT POST RIB PAIN, S/P RIB PAIN - S/P MOTORCYCLE ACCIDENT; NSAIDS, gabapentin 400 mg tid, tylenol, prednisone; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency 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 with neurologic symptoms/findings best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; 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 a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency 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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	71250 Computed tomography, thorax; without contrast material	unknown; There has been treatment or conservative therapy.; unknown; unknown; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency 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 NOT had a Low Dose CT for Lung Cancer Screening 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency 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 a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurologic deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 neurological deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for 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.; Tricep muscle weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 None of the above	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.; No, this is not a preoperative study.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Emergency 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 a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency 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 lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency 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 hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency 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.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency 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 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Emergency 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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; There has been treatment or conservative therapy.; unknown; unknown; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency 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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There are NO neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency 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.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	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 Inflammatory / Infectious Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency 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 Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There are NO neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 New symptoms of paresthesia evaluated by a neurologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 does not have any of the above listed items	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Conservative treatment is not helping; 07/23/2021; There has been treatment or conservative therapy.; Location: Lumbar spine and thoracic spine;Quality: Aching and shooting;Radiates to: Right foot, right knee and right thigh;Pain severity: Severe;Pain is: Same all the time;Timing: Constant;Progression: Waxing and waning;Chronicity: Recurren; Physical therapy from 08/25/2020 to 10/27/2020; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	pain is worsening, nothing helps, reduces her chores and physical activity; 04-01-2019; There has been treatment or conservative therapy.; lower back pain as well as thoracic pain, pain is aching, deep, sharp and tingling; Professional caregivers seen in the past include family physician. Pain Medicines;;Over the Counter medicines (Tylenol, acetaminophen) and tizanidine (Zanaflex); This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Conservative treatment is not helping; 07/23/2021; There has been treatment or conservative therapy.; Location: Lumbar spine and thoracic spine;Quality: Aching and shooting;Radiates to: Right foot, right knee and right thigh;Pain severity: Severe;Pain is: Same all the time;Timing: Constant;Progression: Waxing and waning;Chronicity: Recurren; Physical therapy from 08/25/2020 to 10/27/2020; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pain is worsening, nothing helps, reduces her chores and physical activity; 04-01-2019; There has been treatment or conservative therapy.; lower back pain as well as thoracic pain, pain is aching, deep, sharp and tingling; Professional caregivers seen in the past include family physician. Pain Medicines;;Over the Counter medicines (Tylenol, acetaminophen) and tizanidine (Zanaflex).; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); The patient has None of the above	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not from a recent injury, old injury, chronic pain or a mass.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	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 Inflammatory / Infectious Disease	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Emergency Medicine	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Hyperparathyroidism; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	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.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	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 NO documented neurologic findings suggesting a primary brain tumor.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material	Hyperparathyroidism; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Changing neurologic symptoms best describes the reason that I have requested this test.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 labs.; Labs other than Metanephrine, Nor-metanephrine or Catecholamine were completed and found to be abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	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.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Endocrinology	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 not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		esophageal cancer. Lt neck lymph node; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		esophageal cancer. Lt neck lymph node; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	Patient was diagnosed with transverse colon cancer due to an invasive adenocarcinoma in the transverse colon on 04/16/2021; There has not been any treatment or conservative therapy.; Diarrhea, Nausea and vomiting, abdominal pain, weakness, fatigue.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ABNORMAL IMAGING/GI TRACT; ABDOMINAL TENDERNESS AND PAIN; ILEITIS; LEFT FLANK PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 2years; There has been treatment or conservative therapy.; increase ABD pain, contipation, bleed stool; surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Follow up on Crohn's disease, strictures, and other complications; This study is being ordered for Congenital Anomaly.; 3/11/2020; There has been treatment or conservative therapy.; Abdomonal pain; Colonoscopy, Esophagogastroduodenoscopy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	None Given; This is a request for a Pelvis MRI.; It is not known if surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Pathology is noted and benign, specifically being negative for evidence of inflammatory bowel disease. I called and relayed results to Mr. Vigil. After discussing options, he would like to proceed with an MRI of the pelvis (history of fistula surgery th; This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is not planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Patient with Crohn's ileocolitis with increasing abdominal pain; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; several months of left upper quadrant pain, increasing in severity, associated with anorexia, 38 pounds of weight loss, right shoulder pain, left elbow pain and increasing fatigue.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Right lower quadrant abdominal tenderness, rebound tenderness presence not specified; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Right lower quadrant abdominal tenderness, rebound tenderness presence not specified; There has been treatment or conservative therapy.; Right lower quadrant abdominal tenderness, rebound tenderness presence not specified; Right lower quadrant abdominal tenderness, rebound tenderness presence not specified; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	She has a history of Crohn's disease and NASH. She has a history of severe Crohn's disease. Her Crohn's is mostly in the terminal ileum.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/26/2018; There has been treatment or conservative therapy.; abdominal pain, abdominal swelling, diarrhea, gas, heartburn, nausea, rectal bleeding, stomach cramps, vomiting; Humira Pen and Stelara; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.; No, this is not a preoperative study.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This study is being ordered for Inflammatory/ Infectious Disease.; PT is experiencing GI related symptoms. Patient requires further evaluation so that we are better able to treat his symptoms with targeted therapy.; There has not been any treatment or conservative therapy.; Bloating in the stomach and Pt has Crohns Disease; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Yes this is a request for a Diagnostic CT	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 spleen is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	esophageal cancer. Lt neck lymph node; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient was diagnosed with transverse colon cancer due to an invasive adenocarcinoma in the transverse colon on 04/16/2021; There has not been any treatment or conservative therapy.; Diarrhea, Nausea and vomiting, abdominal pain, weakness, fatigue.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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 did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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.; Yes this is a request for a Diagnostic CT ; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); unknown; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Change is bowel habits; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); weight lost; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	18 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound results are unknown.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was abnormal.; The patient is 50 years or older.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was abnormal.; The patient is under 50 years old.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; 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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	; This study is being ordered for Inflammatory/ Infectious Disease.; Enter date of initial onset here - or T06/21/2015; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	ABNORMAL IMAGING/GI TRACT; ABDOMINAL TENDERNESS AND PAIN; ILEITIS; LEFT FLANK PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 2years; There has been treatment or conservative therapy.; increase ABD pain, contipation, bleed stool; surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/12/21; There has been treatment or conservative therapy.; stomach pain, nausea.; biopsy, antibiotics, stent placed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Follow up on Crohn's disease, strictures, and other complications; This study is being ordered for Congenital Anomaly.; 3/11/2020; There has been treatment or conservative therapy.; Abdomonal pain; Colonoscopy, Esophagogastrroduodenoscopy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Patient with Crohn's ileocolitis with increasing abdominal pain; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; several months of left upper quadrant pain, increasing in severity, associated with anorexia, 38 pounds of weight loss, right shoulder pain, left elbow pain and increasing fatigue.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Right lower quadrant abdominal tenderness, rebound tenderness presence not specified; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Right lower quadrant abdominal tenderness, rebound tenderness presence not specified; There has been treatment or conservative therapy.; Right lower quadrant abdominal tenderness, rebound tenderness presence not specified; Right lower quadrant abdominal tenderness, rebound tenderness presence not specified; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	She has a history of Crohn's disease and NASH. She has a history of severe Crohn's disease. Her Crohn's is mostly in the terminal ileum.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/26/2018; There has been treatment or conservative therapy.; abdominal pain, abdominal swelling, diarrhea, gas, heartburn, nausea, rectal bleeding, stomach cramps, vomiting; Humira Pen and Stelara; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; There is radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; A lipase abnormality was noted.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 pre-operative evaluation.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 pre-operative evaluation.; Surgery is not planned for within 30 days.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is NO suspicion of metastasis.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is suspicion of metastasis.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This study is being ordered for Inflammatory/ Infectious Disease.; PT is experiencing GI related symptoms. Patient requires further evaluation so that we are better able to treat his symptoms with targeted therapy.; There has not been any treatment or conservative therapy.; Bloating in the stomach and Pt has Crohns Disease.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Incomplete colonography; This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	; This study is being ordered for Inflammatory/ Infectious Disease.; Enter date of initial onset here - or T06/21/2015; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 1/29/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Given medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/12/21; There has been treatment or conservative therapy.; stomach pain, nausea.; biopsy, antibiotics, stent placed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Patient is having chronic abdominal pain after a complicated cholecystectomy and hepatic cyst noted on imaging. He vomits bile and complains of heartburn and epigastric pain.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Pt has a dilated pancreatic duct and epigastric pain and nausea.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Pt has Chronic pancreatitis and cyst of pancreas; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	02/02/2021; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2020; There has been treatment or conservative therapy.; mid peri umbilical pain, acystic lesion on pancreas, constipation, poor appetite, weight loss and nausea; miralax, mineral oil, Linzest, antibiotics (PCP); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	02/02/2021; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 acute pain.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT ; 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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); hiccups, dysphagia weight loss; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); OP will fax in clinicals; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; The patient had an endoscopy.; The endoscopy was abnormal.; The patient is under 50 years old.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 1/29/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Given medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

								Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2020; There has been treatment or conservative therapy.; mid peri umbilical pain, acystic lesion on pancreas, constipation, poor appetite, weight loss and nausea; miralax, mineral oil, Linzest, antibiotics (PCP); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology			
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary				1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary			Pt has Chronic pancreatitis and cyst of pancreas; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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 liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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 liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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 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	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary			patient being evaluated for a liver transplant.; This is a request for a CT scan for evaluation of coronary calcification.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary			Patient being evaluated for a potential liver transplant. Imaging is to rule out cardiac abnormalities.; This is a request for a CT scan for evaluation of coronary calcification.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	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 Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/13/2021; There has been treatment or conservative therapy.; Adema; medication and paracentesis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gastroenterology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/13/2021; There has been treatment or conservative therapy.; Adema; medication and paracentesis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	ATV accident with a left fractured clavicle. Unsure if he had a head injury.; This study is being ordered for trauma or injury.; Saturday 5/22/2021; There has been treatment or conservative therapy.; Left clavicle fracture per x-ray. ;Pain to shoulder, decreased range of motion;Pt. does not remember if he hit his head or not due to blacking out.; Pain medication and a brace for left arm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 4/2/21; There has not been any treatment or conservative therapy.; paresthesia, dizziness, pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	pain is worsening, nothing gives relief. has worsening headache and facial pain.; This study is being ordered for trauma or injury.; 4/29/21; There has not been any treatment or conservative therapy.; headache, nose pain, pain in frontal face and head region;pain is worsening; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Patient having difficulty using left hand , right hip pain and neck pain since trauma; This study is being ordered for trauma or injury.; 5/24/21; There has not been any treatment or conservative therapy.; Pain all over and headache since trauma; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	21	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	7	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	7	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 with neurologic symptoms/findings best describes the reason that I have requested this test.	29	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	13	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 headache, elevated sedimentation rate and or the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Headache best describes the reason that I have requested this test.; This is a Medicare member.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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"; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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"; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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"; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	pain is worsening, nothing gives relief. has worsening headache and facial pain.; This study is being ordered for trauma or injury.; 4/29/21; There has not been any treatment or conservative therapy.; headache, nose pain, pain in frontal face and head region;pain is worsening; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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.; evaluation of submandibular mass in office on 03/23/21; There has not been any treatment or conservative therapy.; Painless mass under the mandible over the past month; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Patient had an US and it showed multiple abnormal enlarged hypoechoic lymph nodes in the area within the right submandibular region. They recommended CT for better evaluation of the focal process; This study is being ordered for Inflammatory/ Infectious Disease.; March 4th 2021; There has not been any treatment or conservative therapy.; Swelling to right side of neck under jaw. States that it has been present for 3 weeks. It is now large, painful, and hard.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Pt has a history of Thyroid Cancer with thyroidectomy. She is currently having persistent jaw pain and headaches. Questioning possible regrowth or cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	14 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if surgery is scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the brain.	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.; Yes, this is a request for CT Angiography of the Neck.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	pain behind her right eye 8/10 pt states its a sharp shooting pain and it comes and goes Getting more intense and occurring more often with time. Some dizziness assoc with pain; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis); It is unknown if there is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Patient has experienced persistent vision loss, disc elevated. hemorrhage noted . Optic nerve defects assymmetric. Patient is at risk for permanent vision loss; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Interior ischemic optic neuropathy indicated by 2 different eye specialist. Seen one 3/10/21 and seen another specialist on 5/11/21. Suspected stroke at optic nerve right eye on 5/11/21.; There has been treatment or conservative therapy.; Describe primary symptoms here - Pain in right eye, vision loss, papilledema; Describe treatment / conservative therapy - Intraocular medication has been utilized without improvement of symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Pt dx with CVA 5 weeks ago with no workup by CT or MRI. Having worsening headaches x 5 weeks; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 one sided arm or leg weakness.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/4/21; There has been treatment or conservative therapy.; headache. sinus and head pain; medications. antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Had written letter to return to work and then lat night came back with a vengeance;Last night neuropathy up to posterior leg up to right hamstring. ;Has numbness and tingling feeling light lead is thick as tree truck. ;At times has difficulty walking.; This study is being ordered for a neurological disorder.; 04/21/2021; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	NA; This study is being ordered for trauma or injury.; SEVERAL WEEKS; There has been treatment or conservative therapy.; PAIN. HEADACHES; MEDICATION.AT HOME THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain; pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	orbital asymmetry; This study is being ordered for a neurological disorder.; will upload clinicals; There has been treatment or conservative therapy.; Will upload clinicals.; Will upload clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	<p>Patient has experienced persistent vision loss, disc elevated. hemorrhage noted . Optic nerve defects asymmetric. Patient is at risk for permanent vision loss; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Interior ischemic optic neuropathy indicated by 2 different eye specialist. Seen one 3/10/21 and seen another specialist on 5/11/21. Suspected stroke at optic nerve right eye on 5/11/21.; There has been treatment or conservative therapy.;</p> <p>Describe primary symptoms here - Pain in right eye, vision loss, papilledema;</p> <p>Describe treatment / conservative therapy - Intraocular medication has been utilized without improvement of symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	<p>Post concussion issues. Mass in pelvis; This study is being ordered for a neurological disorder.; Had numbness in tongue, head and face last week and some tension sensation. She had the tension starting in her clavicle and up into the jaw on the left then the numbness moved up into the face. This progressed for 5 days. Her mouth moved normally and ; There has not been any treatment or conservative therapy.;</p> <p>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	<p>This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	<p>This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.</p>	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	99	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	48	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	23	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The character of the headache is unknown.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 suspected Multiple Sclerosis.; Other causes have been ruled out.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspected Multiple Sclerosis.; Other causes have NOT been ruled out.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 TIA (stroke) best describes the reason that I have requested this test.; It is unknown if there are documented localizing neurologic findings.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	22 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 TIA (stroke) best describes the reason that I have requested this test.; There are NO documented localizing neurologic findings.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 a Medicare member.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 a Medicare member.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Known or suspected seizure disorder best describes the reason that I have requested this test.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	11 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for Inflammatory / Infectious Disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there is radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' 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; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 20 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 55 and 77 years old.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	2 YEARS OF NIGHT SWEAT. RECENTLY GETTING WORSE. HAPPENS AFTER PT EATS MEALS ALSO. PT HAS REPORTS OF HAVING TREMORS IN BILAT INDEX FINGERS; There has been treatment or conservative therapy.; NIGHT SWEATS AND SWEATS AFTER MEALS. PT BP IS 142/80 ON 3/31/21;ON 4/2/21 PB IS 140/78; 3/31/21 ;LABS CRP ABN 15.4;;PT STOPPED GABAPENTIN DUE TO MENTAL FOGGING AND IS BETTER.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	3 month follow up from ct chest that showed pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	04/02/2021; There has been treatment or conservative therapy.; large orange size mass in the lower quadrant, jaundice, enlarged liver, egg mass in the below epigastrium; sent to a GI specialist; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	04/02/2021; There has not been any treatment or conservative therapy.; r93.89 r10.84 ;abd pain and abn chest xray; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	04/14/2021; There has not been any treatment or conservative therapy.; Patient has a tumor; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	6 month follow up for pulmonary nodule.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	10mm solid pulmonary nodule seen on CT chest 1/31/2020 this is to reevaluate; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	17 months ago; There has not been any treatment or conservative therapy.; patient c/o unintentional weight loss and loss of appetite over the past 17 months, has h/o lung cancer; The ordering MDs speciality 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient had a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	7 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; 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 a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; 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 a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was negative.; It is unknown if the member has a complication of suspected Covid-19.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Abdominal aortic aneurysm; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	abnormal chest ct; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal EKG;possible infarct; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/17/2021; There has been treatment or conservative therapy.; Dyspnea at rest, A typical chest pain, hypersomnia, tachycardia, numbness that radiates to hand.; Medication, Chest X-ray and EKG.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	23	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	45	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	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).; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; Abnormal ultrasound 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; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	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).; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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).; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain 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 had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chest xray done 12/20/2020; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	CHRONIC COUGH AND CXR SHOWED ELEVATED DIAPHRAGM ON RIGHT SIDE.; A Chest/Thorax CT is being ordered.; 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 a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chronic cough and pleurodynia; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Continues to have rib pain. Patient was seen by another clinic a week ago, pt had non-diagnostic xray of ribs. Completed a course of steroids and naprosyn conservative treatment. still having left-sided rib pain/tightness. Pt says he's not for sure if he; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	COPD, bronchitis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	cough, ongoing; A Chest/Thorax CT is being ordered.; 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.; It is unknown if the patient has a 20 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	CXR impression: There is a questionable 9 mm lung nodule in the mid left lung that is;noncalcified. Extensive granulomatous changes are present. Severe COPD;is suggested. Consider CT of the chest with contrast to evaluate for a;noncalcified lung nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 20 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. It is not known if there is 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 e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	enter answer here - or Type In Unknown If No Info Given. Patient is a current smoker and has been for 20+ years-has lost weight in the last 2-3 months-needs to make sure she does not have lung nodule or cancer; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	eval for suspicious mass found on chest x-ray show probably central lun carcinoma.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	FOLLOW CT FROM AN ABNORMAL IN 06-10-20; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	has had a cough since November following bronchitis; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	left supraclavicular node ( tender, deep, difficult to get size ); small, mobile, tender lymph node present in left chest wall. Localized enlarged lymph nodes CT neck and chestPersonal history of non-Hodgkin lymph; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	lung is going down; 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.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	March 2021; There has been treatment or conservative therapy.; unintentional weight loss, generalized weakness; Information on bmi management was given; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	nodule on right lube; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	OP wants to rule out lung cancer.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient had a chest x-ray done where there is a focal 2.5 cm nodular density in the left lateral lung base. Recommend follow-up CT chest for additional assessment.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient had a Low Dose CT Lung Screening about 3 months ago that stated for us to continue to follow the multiple lung nodules that she is having. So we are told to order a CT of Chest with contrast for a 3 month follow up per hospital protocols to follow; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	patient had a right lower lobe density that was new from previous cxr. Needs chest ct to r/o neoplasm. Also has SOB; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient had lung nodules in 2018 and wants to do a follow-up; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	patient has a history of CAD, history of stroke, cerebral aneurysm and seizures; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient has Family History of Hypertension and High Cholesterol.; A Chest/Thorax CT is being ordered.; 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 a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient has history of pulmonary nodules that require follow up imaging to document stability.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient has swollen, hard, sore lymph node along left side of the neck at the top of the clavicle; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	patient needs a chest/abdomen ct; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
					Pt experiencing weight loss along with diminished breath sounds and expiratory wheezing.; A Chest/Thorax CT is being ordered.; 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 a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).			
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		1	2021	Apr-Jun 2021
					Pt has ill-defined density in left lower lobe on chest xray.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).			
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		1	2021	Apr-Jun 2021
					questionable nodular density seen on chest x ray done 3/18/2021; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).			
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		1	2021	Apr-Jun 2021
					Radiologist suggested that the Chest ct have it done, from a Abd/Pelvis CT was done.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).			
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Radiologist wants f/u every 6 months; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	SOB, Cough; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	suspicion of metastatic disease; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	9	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is for a repeat CT chest for pulmonary nodules; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	THIS IS THE CASE OF A 53 Y/O BLK FEMALE WITH HISTORY OF BRONCHITIS AND A CHEST X-RAY ON 4-13-21 REVEALED : A 5 MM ROUNDED DENSITY IN THE RIGHT UPPER LOBE A RECOMMENDATION AND REQUEST BY DR E. SCOTT THE RADIOLOGIST WAS MADE FOR A CT SCAN  OF THE CHEST ASAP; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	trying to rule out cancer; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Ulcerative colitis- diagnosed 10 yrs ago. Last colonoscopy was 3 yrs ago. Is on sulfasalazine for 3-4 yrs. Has h/o hemorrhoids. Sees little amount of bright red blood in stool occasionally. States sulfasalazine is helping his GI symptoms. Denies any abdominal; There has been treatment or conservative therapy.; Ulcerative colitis;Has lost significant weight. ;COPD/sob on exertion: no formal diagnosis of COPD. Has significant history of smoking 2 packs/day for 50 yrs. Still smokes 2 pack a day. Trying to taper. Never had CT lung or pulmonary function test. Rep;; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	will send clinical notes; The patient is NOT presenting new signs or symptoms.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; It is unknown when or if the patient quit smoking.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	11/16/2020 CT lung screening; Impression: 1. Bilateral noncalcified nodules largest in right lower lobe, likely benign such as granulomata, six-month followup recommended to confirm; stability. Lung-RADS category 3.; 2. Atelectasis, bronchiectatic change; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Diffusely diminished breath sounds bilaterally, anterior and posterior; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	patient has emphysema; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Patient has strong family history of lung cancer. Started smoking at age 17 1ppd. Quit age 45. (5 years ago) Has never had lung screening.; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Personal history of tobacco use; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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 has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	97 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	36 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	unknown; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	UNKNOWN; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; It is unknown when or if the patient quit smoking.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	ectatic ascending aorta;Duration of Symptoms:1 year;Start:;Physical Exam Findings: ectatic ascending aorta 4.0x3.8 cm;Preliminary Procedures Already Completed: Ct Angio Chest 4/15/2020;Scoped Procedures / Referrals;;Other;;Medications;;Duration of; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 10/7/2019; There has been treatment or conservative therapy.; edema; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	SOB on exertion;--seems like acute for 2 days;--not in distress in clinic;--previous cxr- mild hyperinflation- PFT ordered. Repeat cxr;--BNP, echo ordered to r/o CHF;-EKG no acute finding;--Since she has SOB of short duration without fever, chills; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/13/2021; There has been treatment or conservative therapy.; SOB;MILD HYPERINFLATION;PREVIOUSLY HAD COVID; SOB on exertion;--seems like acute for 2 days;--not in distress in clinic;--previous cxr- mild hyperinflation- PFT ordered. Repeat cxr;--BNP, echo ordered to r/o CHF; ECHO CCOMPLETED 6/25;--EKG no acute finding;--Since she has SOB of short duration; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	41	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 known tumor.; The ordering physician is not an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for staging.; This is a request for a chest MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 4/2/21; There has not been any treatment or conservative therapy.; paresthesia, dizziness, pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	Patient having difficulty using left hand , right hip pain and neck pain since trauma; This study is being ordered for trauma or injury.; 5/24/21; There has not been any treatment or conservative therapy.; Pain all over and headache since trauma; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Asymmetric reflexes.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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 due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; This study is being ordered due to known or suspected multiple sclerosis (MS) infection or abscess.; There is a reason why the patient cannot have a Cervical Spine MRI.; Multiple Sclerosis (MS) on a brain scan.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 4/2/21; There has not been any treatment or conservative therapy.; paresthesia, dizziness, pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 not have 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?; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not have 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	bc everything she has tried has failed to help her pain.; This study is being ordered for trauma or injury.; Motor vehicle accident in November 11/6/2020; There has been treatment or conservative therapy.; neck pain with numbness/tingling to her hands; Spinous process tenderness and muscular tenderness present; Right knee: Tenderness present over the medial joint line; Physical Therapy at home as directed by doctor. Also, taking NSAID each w/ielding no improvement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 1 month ago; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. unknown; There has been treatment or conservative therapy.; pain.; PT. HEP.; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain; pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	PATIENT ADVISED THAT PAIN IS 10/10 TODAY. PATIENT IS ALSO HAVING CHEST PAIN AND VISION CHANGES WITH HEADACHES.; 04/29/2021; There has been treatment or conservative therapy.; PAIN IN LOW BACK, THORACIC SPINE AND NECK. PARESTHESIA OF SKIN IN LOWER EXTREMITIES. MUSCLE WEAKNESS IN BILATERAL UPPER EXTREMITIES AND BILATERAL LOWER EXTREMITIES. TENDERNESS AND LIMITED RANGE OF MOTION IN CERVICAL, THORACIC AND LUMBAR REGIONS.; PATIENT STARTED PHYSICAL THERAPY THIS MONTH. PATIENT HAS ALSO BEEN PRESCRIBED PAIN MEDICATIONS AS WELL. PATIENT ADVISED THAT HER PAIN AS GOTTEN WORSE SHE HAS LIMITED RANGE OF MOTION.; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	patient had a MVA a few weeks ago and continues to have persistant problems with neck and right shoulder. Cspine xray shows significant DDD. Shoulder xray shows neg. pain with palpation of the cspine, paraspinal areas, right shoulder diffusely. Pain abd; This study is being ordered for trauma or injury.; 3/25/2021; There has not been any treatment or conservative therapy.; patient had a MVA a few weeks ago and continues to have persistant problems with neck and right shoulder. Cspine xray shows significant DDD. Shoulder xray shows neg. pain with palpation of the cspine, paraspinal areas, right shoulder diffusely. Pain abd; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 New symptoms of paresthesia evaluated by a neurologist	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 Focal upper extremity weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT a Medicare member.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 has a neurologic deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is new onset radiculitis/radiculopathy.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 has a neurological deficit; The pain did NOT begin within the past 6 weeks.; This is a Medicare member.; The patient has Focal upper extremity weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Abnormal Reflexes	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Dermatomal sensory changes on physical examination	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 been treated with a facet joint or epidural injection within the past 6 weeks	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Arnold-Chiari Malformation describes the reason for requesting this procedure.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. 06/16/2021; There has been treatment or conservative therapy.; Pain for over 2 years, numbness and tingling; steroids, pain medication; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. unknown; There has been treatment or conservative therapy.; pain.; PT. HEP.; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	PATIENT ADVISED THAT PAIN IS 10/10 TODAY. PATIENT IS ALSO HAVING CHEST PAIN AND VISION CHANGES WITH HEADACHES.; 04/29/2021; There has been treatment or conservative therapy.; PAIN IN LOW BACK, THORACIC SPINE AND NECK. PARESTHESIA OF SKIN IN LOWER EXTREMITIES. MUSCLE WEAKNESS IN BILATERAL UPPER EXTREMITIES AND BILATERAL LOWER EXTREMITIES. TENDERNESS AND LIMITED RANGE OF MOTION IN CERVICAL, THORACIC AND LUMBAR REGIONS.; PATIENT STARTED PHYSICAL THERAPY THIS MONTH. PATIENT HAS ALSO BEEN PRESCRIBED PAIN MEDICATIONS AS WELL. PATIENT ADVISED THAT HER PAIN AS GOTTEN WORSE SHE HAS LIMITED RANGE OF MOTION.; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Patient had xrays on 04/30/2021 that suggested further imaging studies.; December 2020; There has been treatment or conservative therapy.; Patient has low back pain with numbness and tingling in his leg and radiating pain.; Patient is using muscle relaxers, aleve, cold packs, doing stretches, and see physical therapy.; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Pt. bone scan it shown possible tumor; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Fallingdizzy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; In back unable to bend or lift things	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT had back pain for over 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There has not been a recurrence of symptoms following surgery.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the patient has had back pain for over 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 no evidence of tumor or metastasis on a bone scan or x-ray.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not seen the doctor more then once for these symptoms.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	unknown; unknown; There has been treatment or conservative therapy.; numbness, back pain, radiculopathy; physical therapy and physical medicine therapy; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. unknown; There has been treatment or conservative therapy.; pain.; PT. HEP.; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Family history of lesions on the spine; a month ago; There has been treatment or conservative therapy.; Pt has Rt calf pain, weakness of Rt lower and upper extremities; muscle relaxant; This study is being ordered for Other	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Had written letter to return to work and then lat night came back with a vengeance;Last night neuropathy up to posterior leg up to right hamstring. ;Has numbness and tingling feeling light lead is thick as tree truck. ;At times has difficulty walking.; This study is being ordered for a neurological disorder.; 04/21/2021; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	HE IS COMPLAINING ABOUT THE PAIN IN HIS RIGHT HIP AND LOWER BACK.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/4/2014; There has been treatment or conservative therapy.; MEMBER IS HAVING PAIN RADIATING DOWN RIGHT SIDE OF HIS LEG ND HIP; HOME EXERCISE HOME/ ICE AND HEAT AND NOW HE USING A CANE , MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Lumbosacral osteoarthritis and Hip pain, soft tissue inflammation suspected, nondiagnostic xray; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	NA; This study is being ordered for trauma or injury.; SEVERAL WEEKS; There has been treatment or conservative therapy.; PAIN. HEADACHES; MEDICATION.AT HOME THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain; pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	PATIENT ADVISED THAT PAIN IS 10/10 TODAY. PATIENT IS ALSO HAVING CHEST PAIN AND VISION CHANGES WITH HEADACHES.; 04/29/2021; There has been treatment or conservative therapy.; PAIN IN LOW BACK, THORACIC SPINE AND NECK. PARESTHESIA OF SKIN IN LOWER EXTREMITIES. MUSCLE WEAKNESS IN BILATERAL UPPER EXTREMITIES AND BILATERAL LOWER EXTREMITIES. TENDERNESS AND LIMITED RANGE OF MOTION IN CERVICAL, THORACIC AND LUMBAR REGIONS.; PATIENT STARTED PHYSICAL THERAPY THIS MONTH. PATIENT HAS ALSO BEEN PRESCRIBED PAIN MEDICATIONS AS WELL. PATIENT ADVISED THAT HER PAIN AS GOTTEN WORSE SHE HAS LIMITED RANGE OF MOTION.; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient had xrays on 04/30/2021 that suggested further imaging studies.; December 2020; There has been treatment or conservative therapy.; Patient has low back pain with numbness and tingling in his leg and radiating pain.; Patient is using muscle relaxers, aleve, cold packs, doing stretches, and see physical therapy.; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has been having ongoing right leg and hip pain for four weeks and now patient's leg is starting to give out. Patient has been referred to Physical Therapy.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt. bone scan it shown possible tumor; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Focal extremity weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	43 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	73 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 nerve study (EMG) involving the lumbar spine; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	14 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Abnormal Reflexes	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Dermatomal sensory changes on physical examination	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Focal extremity weakness	12 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	6 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	16	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	30	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	unknown; unknown; There has been treatment or conservative therapy.; numbness, back pain, radiculopathy; physical therapy and physical medicine therapy; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	Patient has groin swelling and pain. He had a pelvic US that stated a definitive inguinal hernia is not sonographically evident. May consider follow-up CT of the pelvis with contrast during Valsalva maneuver for additional assessment if clinically warran; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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 NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A cyst was noted on previous imaging.; An abnormality was found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of something other than the pelvic gurdle, sacrum or the tail bone (coccyx).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Initial evaluation in 2019 showed a thickened endometrium and left para-adnexal mass or cyst on US. An MRI was ordered but never scheduled, possibly declined per insurance. Patient's family member requests this be ordered and completed before her gyn vi; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Post concussion issues. Mass in pelvis; This study is being ordered for a neurological disorder.; Had numbness in tongue, head and face last week and some tension sensation. She had the tension starting in her clavicle and up into the jaw on the left then the numbness moved up into the face. This progressed for 5 days. Her mouth moved normally and ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Unknown; This is a request for a Pelvis MRI.; Surgery is not planned for within 30 days.; The study is being ordered for endometriosis.; A diagnosis of endometriosis has NOT been established.; The study is being ordered as a pre surgical evaluation.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	unknown; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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 not had recent plain films, bone scan or ultrasound of the knee.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	ATV accident with a left fractured clavicle. Unsure if he had a head injury.; This study is being ordered for trauma or injury.; Saturday 5/22/2021; There has been treatment or conservative therapy.; Left clavicle fracture per x-ray. ;Pain to shoulder, decreased range of motion;Pt. does not remember if he hit his head or not due to blacking out.; Pain medication and a brace for left arm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	C/O pain to R forearm since getting cast off ;- red knot noted to distal ulnar aspect ;- C/O minimal range of motion ;- C/O weakness to R arm ;He has had no injury since his cast was removed.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/20/2121; There has been treatment or conservative therapy.; WEAKNESS IN BOTH ARM; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Evaluate for polymyalgia rheumatica. She does have osteoporosis and degenerative arthritis in those areas as well.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	LACERATION TO WRIST WITH NON HEALING WOUND; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	patient had a MVA a few weeks ago and continues to have persistent problems with neck and right shoulder. Cspine xray shows significant DDD. Shoulder xray shows neg. pain with palpation of the cspine, paraspinal areas, right shoulder diffusely. Pain abd; This study is being ordered for trauma or injury.; 3/25/2021; There has not been any treatment or conservative therapy.; patient had a MVA a few weeks ago and continues to have persistent problems with neck and right shoulder. Cspine xray shows significant DDD. Shoulder xray shows neg. pain with palpation of the cspine, paraspinal areas, right shoulder diffusely. Pain abd; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient has tried medication therapy for right shoulder and left knee pain from fall 2 weeks ago. This has not helped the pain. Physician would like MRI of left knee and MRI Arthrogram of right shoulder to further evaluate. X-ray of both joints did not sh; This study is being ordered for trauma or injury.; Patient fell and injured her right shoulder and left knee on 4/14/2021, about 2 weeks ago; There has been treatment or conservative therapy.; Patient complains of pain of anterior right shoulder that radiates to neck. Patient complains of joint pain, weakness, stiffness, of both right shoulder and left knee.; Patient has been taking medication therapy for 2 weeks with no relief of pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient was in accident 1/2021 suffered right wrist cervical and knee pain and pain getting worst want to see what mri xray shows normal; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; It is not known if the study is 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	11	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; Patient was instructed stretches at home. Apply heat. Muscle relaxer at bedtime. Nsaids and steriods did not help. She is enrolled in physical therapy now. Pain has been chronic for years and worsening.; The patient received oral analgesics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	2	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 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.; TYLONEL;DEPO MEDROL 40 MG IM	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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).	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	18 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is a suspicion of fracture not adequately determined by x-ray.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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 is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; April 2018; There has been treatment or conservative therapy.; Pain, decrease range of motion, difficulty ambulating; Been to PT, taken pain medication, bursa injections, Tens unit.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Knee CT; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7 months.; There has been treatment or conservative therapy.; Aching pain, radiates down her leg, worse with walking, standing, running. Pos apprehension test.; Pt x 3 days. Has had worse pain with PT, has been radiating now, comes and goes. Pos apprehension test.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	x-ray done and the radiologist suggested a ct of the knee; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	bc everything she has tried has failed to help her pain.; This study is being ordered for trauma or injury.; Motor vehicle accident in November 11/6/2020; There has been treatment or conservative therapy.; neck pain with numbness/tingling to her hands; Spinous process tenderness and muscular tenderness present; Right knee: Tenderness present over the medial joint line; Physical Therapy at home as directed by doctor. Also, taking NSAID each yielding no improvement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Patient has tried medication therapy for right shoulder and left knee pain from fall 2 weeks ago. This has not helped the pain. Physician would like MRI of left knee and MRI Arthrogram of right shoulder to further evaluate. X-ray of both joints did not sh; This study is being ordered for trauma or injury.; Patient fell and injured her right shoulder and left knee on 4/14/2021, about 2 weeks ago; There has been treatment or conservative therapy.; Patient complains of pain of anterior right shoulder that radiates to neck. Patient complains of joint pain, weakness, stiffness, of both right shoulder and left knee.; Patient has been taking medication therapy for 2 weeks with no relief of pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 infection.	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a protective boot for at least 6 weeks.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has NOT had foot pain for over 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	24 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	2 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a reason other than ankle pain.; The member has a recent injury.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a reason other than ankle pain.; The study is for a mass, tumor or cancer.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a reason other than ankle pain.; The study is not requested for any of the standard indications for Knee MRI	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 arthroscopy is not scheduled in the next 4 weeks.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; April 2018; There has been treatment or conservative therapy.; Pain, decrease range of motion, difficulty ambulating; Been to PT, taken pain medication, bursa injections, Tens unit.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/16/2021; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Lumbosacral osteoarthritis and Hip pain, soft tissue inflammation suspected, nondiagnostic xray; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 failed a 4 week course of conservative management in the past 3 months.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	patient needs a chest/abdomen ct; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if this study is being ordered for staging of a known tumor (not) prostate, known prostate CA with PSA&gt; 10, abdominal mass, retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if there is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Yes this is a request for a Diagnostic CT	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	We think she may have a problem with her adrenal glands that is causing her heart and gastric issues; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Aneurysm of renal artery in native kidney; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Aneurysm of renal artery in native kidney; There has been treatment or conservative therapy.; Aneurysm of renal artery in native kidney; Aneurysm of renal artery in native kidney; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	2 YEARS OF NIGHT SWEAT. RECENTLY GETTING WORSE. HAPPENS AFTER PT EATS MEALS ALSO. PT HAS REPORTS OF HAVING TREMORS IN BILAT INDEX FINGERS; There has been treatment or conservative therapy.; NIGHT SWEATS AND SWEATS AFTER MEALS. PT BP IS 142/80 ON 3/31/21;ON 4/2/21 PB IS 140/78; 3/31/21 ;LABS CRP ABN 15.4.;PT STOPPED GABAPENTIN DUE TO MENTAL FOGGING AND IS BETTER.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	04/02/2021; There has been treatment or conservative therapy.; large orange size mass in the lower quadrant, jaundice, enlarged liver, egg mass in the below epigastrium; sent to a GI specialist; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	04/02/2021; There has not been any treatment or conservative therapy.; r93.89 r10.84 ;abd pain and abn chest xray; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	04/14/2021; There has not been any treatment or conservative therapy.; Patient has a tumor; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	17 months ago; There has not been any treatment or conservative therapy.; patient c/o unintentional weight loss and loss of appetite over the past 17 months, has h/o lung cancer; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal aortic aneurysm; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	March 2021; There has been treatment or conservative therapy.; unintentional weight loss, generalized weakness; Information on bmi management was given; 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	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	18 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 something other than billirubin, 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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	22 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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.; Yes this is a request for a Diagnostic CT ; 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.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	13 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); hypcortisolemia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); patient has renal cyst; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	56 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	22 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	24 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed gall stones.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	14 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT.; 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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	19 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	47 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; 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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Ulcerative colitis- diagnosed 10 yrs ago. Last colonoscopy was 3 yrs ago. Is on sulfasazine for 3-4 yrs. Has h/o hemorrhoids. Sees little amount of bright red blood in stool occasionally. States sulfasalazine is helping his GI symptoms. Denies any abdominal; There has been treatment or conservative therapy.; Ulcerative colitis;Has lost significant weight. ;COPD/sob on exertion: no formal diagnosis of COPD. Has significant history of smoking 2 packs/day for 50 yrs. Still smokes 2 pack a day. Trying to taper. Never had CT lung or pulmonary function test. Rep; ; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	CONTACTED THIS AM BY DR HUNTER HOLTOFF, NEPHROLOGIST @ UAMS & DR TAMAKRISHNA THOTAKWA, WHO CONSULTED WITH CHEIF NEPHROLOGIST @ VA, DR LUIS JUNCOS. HE IS REQUESTING MRI ABD/PELVIS WITH CONTRAST TO RULE OUT A RENINOMA - MICROSCOPIC BENIGN RENIN SECRETING TU; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Patient presented 6/23/21 as follow up with PCP after ER visit. Patient seen in the ER on 6/20/21 for a CT abdomen & pelvis reflecting liver mass, renal cyst, renal mass & adrenal nodule. CT scan recommends MRI and kidney US.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An abnormal analyse or lipase was NOT noted.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being ordered for staging.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 tumor.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if there is suspicion of metastasis.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicion of metastasis.	12 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	This is a request for a MR Angiogram of the abdomen.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	will add clinicals; This study is being ordered for Vascular Disease.; prior to 4/1/2021; It is not known if there has been any treatment or conservative therapy.; High MPV, pain, fatigue, unsteady gait; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the abdominal arteries.	14	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	CA newly identified; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient has a lesion in breasts only seen on MRI, looks like left breast not visualized on mammograms' or ultrasound, benign pathology, this exam is follow up since it was not visualized on other breast imaging, family history of ovarian and breast ca; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient has lifetime risk of 22%, her sister was diagnosed with Breast Cancer @ 72, Niece@50 and Paternal Aunt@75. Patient has heterogeneously dense breast tissue. Radiologist recommended MRI due to family history.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient's mother was diagnosed with breast cancer at age 36, maternal grandmother diagnosed with breast cancer at age 40. Patient has a lifetime risk of 53% per IBIS Risk Module. Patient post Right US Biopsy done 12/07/16 with results of chronic inflammat; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Sister diagnosed with Breast Cancer at age 23, also has two paternal aunts diagnosed with both Breast and Ovarian cancer, Maternal Grandmother diagnosed with Breast Cancer at 40.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This was baseline Mammogram for patient. Risk % is 27. Patient has a sister diagnosed at 38, 1 Maternal Grandmother, and 2 Maternal Aunts with breast cancer.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Unknown if this patient had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.; The patient has not been on steroid therapy for more than 3 months.; This is a repeat study due to a change in treatment or a change in symptoms of osteoporosis.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	78071 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	This is a request for Parathyroid SPECT imaging.; The patient has an elevated PTH intact level of 87 and an elevated serum calcium level of 11.4.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being requested for Melanoma.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was NOT performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Abnormal EKG,possible infarct; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/17/2021; There has been treatment or conservative therapy.; Dyspnea at rest, A typical chest pain, hypersomnia, tachycardia, numbness that radiates to hand.; Medication, Chest X-ray and EKG.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; It is unknown if Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has 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	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 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).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary embolism.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	20 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	7 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was not listed	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was NOT considered abnormal	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; 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 a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is described as grade 3/6 or greater; There are NO clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is NOT described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	6 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has an enlarged heart; enlarged heart may be the reason fo cardiomyopathy.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	7 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has an enlarged heart; The patient has high blood pressure	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Marfan's syndrome.; This is for the initial evaluation of Marfan's Syndrome.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this request is for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	13 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	12 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	21 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	22 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	POSITIVE BLOOD CULTURE, VEGETATION; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Accelerated hypertension; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Chest wall pain ;Palpitations ;SOB; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	SOB; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; ; This 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.; This patient is clinically obese or has an emphysematous chest configuration.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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	14	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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.	13	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; It is not known if the member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is Lumbar Spine; 03/26/2021; No patient history 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; OSWETRY; 50; 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 body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/20/2021; 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; NONE; 20%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/02/2021; 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: ; Enter name of tool here Enter name of tool here Enter score here Enter score here 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; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	DILATED COMMON & INRAHEPATIC BILE DUCTS. ECHOGENIC DEBRIS SEEN IN COMMON BILE DUCT. RADIOLOGIST RECOMMENDS MRI OF HEPATOBILARY SYSTEM AND MRCP TO IMPROVE UPON CHARATERIZATION.; This study is being ordered for Inflammatory/ Infectious Disease.; DILATED COMMON & INRAHEPATIC BILE DUCTS. ECHOGENIC DEBRIS SEEN IN COMMON BILE DUCT. RADIOLOGIST RECOMMENDS MRI OF HEPATOBILARY SYSTEM AND MRCP TO IMPROVE UPON CHARATERIZATION.; There has not been any treatment or conservative therapy.; RUQ PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Enter answer here - or Type In Unknown If No Info Given. This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	This is a follow up to a previous abnormal MRCP the patient has had completely. Patient is experiencing abdominal pain.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 undergone unsuccessful ERCP and requires further evaluation.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; evaluation of submandibular mass in office on 03/23/21; There has not been any treatment or conservative therapy.; Painless mass under the mandible over the past month; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	symptoms are severe and constantly worsening.; ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Symptoms began 6 months ago.; ; There has not been any treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; ; Headaches, Neck pain and Otagia, left ear; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 1 month ago; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 04/14/2021; There has not been any treatment or conservative therapy.; pain, numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 06/17/2021; There has been treatment or conservative therapy.; vertigo, pain in neck; pain meds, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Miss Bishop presents with months to years of persistent left jaw pain, now in left ear. She is concerned there could be something we are missing. She has been treated for tmj by Dr. Morgan in the past, wore the fitted braces which she says never helped. P; This study is being ordered for trauma or injury.; 03/10/2021; There has been treatment or conservative therapy.; 1.Otalgia, left ear - ;;2. Left temporomandibular joint disorder, unspecified; tried medicine and getting a second opinion from a specialist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had an US and it showed multiple abnormal enlarged hypoechoic lymph nodes in the area within the right submandibular region. They recommended CT for better evaluation of the focal process; This study is being ordered for Inflammatory/ Infectious Disease.; March 4th 2021; There has not been any treatment or conservative therapy.; Swelling to right side of neck under jaw. States that it has been present for 3 weeks. It is now large, painful, and hard.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has a history of Thyroid Cancer with thyroidectomy. She is currently having persistent jaw pain and headaches. Questioning possible regrowth or cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 patient's tumor.; Known or suspected tumor best describes the reason that I have requested this test.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	23	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	5	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	15 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 history of cancer.; Headache best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	15 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Known or suspected tumor best describes the reason that I have requested this test.; It is unknown if there are documented neurologic findings suggesting a primary brain tumor.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; Changing neurologic symptoms best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 01/2021; There has been treatment or conservative therapy.; diplopia, dizziness, memory impairment, personality changes and light sensitivity; injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	We think she may have a problem with her adrenal glands that is causing her heart and gastric issues; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	unknown; This study is being ordered for trauma or injury.; 01/2021; There has been treatment or conservative therapy.; diplopia, dizziness, memory impairment, personality changes and light sensitivity; injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Bilateral jaw pain, popping sensation with eating, pain with opening and closing mouth.; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	mandible maxillary ridge Hx of neurofibromatosis; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 follow-up to trauma.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 immune-compromised.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	symptoms are severe and constantly worsening.; ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Symptoms began 6 months ago.; ; There has not been any treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; ; Headaches, Neck pain and Otagia, left ear; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Miss Bishop presents with months to years of persistent left jaw pain, now in left ear. She is concerned there could be something we are missing. She has been treated for tmj by Dr. Morgan in the past, wore the fitted braces which she says never helped. P; This study is being ordered for trauma or injury.; 03/10/2021; There has been treatment or conservative therapy.; 1.Otagia, left ear - ;;2. Left temporomandibular joint disorder, unspecified; tried medicine and getting a second opinion from a specialist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 recent trauma or other injury.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	headache syncope dizziness; This study is being ordered for Vascular Disease.; 10/15/2020; There has been treatment or conservative therapy.; dizziness headache; followed by her cardiologist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the brain.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	headache syncope dizziness; This study is being ordered for Vascular Disease.; 10/15/2020; There has been treatment or conservative therapy.; dizziness headache; followed by her cardiologist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the Neck.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; GRADUAL ONSET, BEGINNING 03/2021; There has been treatment or conservative therapy.; HEADACES, SEIZURE, PITUARY ADENOMA, BELLS Palsy, NUMBNESS/TINGLING IN HANDS; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In UnPatient is here needing a referral to a neuro due to her spinal stenosis in her neck. She states that the right side of her face is numb at times and runs into right arm as well. Grip strength States this was initially dia; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Facial trauma due to MVA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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	orbital asymmetry; This study is being ordered for a neurological disorder.; will upload clinicals; There has been treatment or conservative therapy.; Will upload clinicals.; Will upload clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/4/21; There has been treatment or conservative therapy.; headache. sinus and head pain; medications. antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/06/2021; There has not been any treatment or conservative therapy.; eye problems; mild stroke; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type Patient had an episode where she felt tingling on R side of face w head pressure, no migraine afterwards, lasted less 1 minute, no arm or leg sx, no aphasia or dysarthria. Now happening daily, multiple times a day now, still ; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	G63 (ICD-10-CM) - 357.4 (ICD-9-CM) - Polyneuropathy associated with underlying disease ;G35 (ICD-10-CM) - 340 (ICD-9-CM) - Multiple sclerosis ;R27.0 (ICD-10-CM) - 781.3 (ICD-9-CM) - Ataxia ;M62.81 (ICD-10-CM) - 728.87 (ICD-9-CM) - Generalized muscle we; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	PATIENT NEED THE NODULE FOLLOWED UP ON MRI TO RULE OUT ANY INFECTIOUS PROCESS OR MASS. MRA OF BRAIN IS FOR GCA SYSTEMS; This study is being ordered for a neurological disorder.; 6 weeks AGO; There has been treatment or conservative therapy.; PATIENT HAS BEEN TO SEVERAL SPECIALIST AND HAS BEEN DIAGNOSED WITH GIANT CELL ARTERITIS. PATIENT HAS HEADACHES AND HAS A NODI=ULE ON HER RIGHT FOREHEAD THAT IS CAUSING PAIN.; SHE HAS BEEN ON PREDNISONE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	post concussion, normal ct scan.; This study is being ordered for trauma or injury.; 03/21/2021; There has been treatment or conservative therapy.; right eye pain, migraines post injury, blurred vision and tearing; OTC pain meds and applied ice as needed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Xray right elbow. ;Repeat cmp;Mri brain for recurrent dizziness and vertigo symptoms.; This study is being ordered for a neurological disorder.; 04/01/2021; There has been treatment or conservative therapy.; This is a 51-year-old female the presents to the emergency department today with a chief complaint of some left arm pain. The onset of this pain was yesterday. He resolved but then returned again today around noon it is intermittent. It seems to be exacer; She also reports a history of vertigo. She takes meclizine for this and she had an episode of this on Tuesday. Today she took some meclizine because she started feeling some heaviness on her forehead. This heaviness has since resolved. Patient reports ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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 been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moya-moya disease.; It is unknown if the patient had an ultrasound (doppler) of the neck or carotis arteries.; The patient does not have carotid (neck) artery surgery.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; GRADUAL ONSET, BEGINNING 03/2021; There has been treatment or conservative therapy.; HEADACES, SEIZURE, PITUARY ADENOMA, BELLS Palsy, NUMBNESS/TINGLING IN HANDS; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	01/29/2021; There has been treatment or conservative therapy.; left-sided numbness, tingling and weakness in his hand; NSAIDS; This study is being ordered for Other not listed	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/06/2021; There has not been any treatment or conservative therapy.; eye problems; mild stroke; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Facial trauma due to MVA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	G63 (ICD-10-CM) - 357.4 (ICD-9-CM) - Polyneuropathy associated with underlying disease ;G35 (ICD-10-CM) - 340 (ICD-9-CM) - Multiple sclerosis ;R27.0 (ICD-10-CM) - 781.3 (ICD-9-CM) - Ataxia ;M62.81 (ICD-10-CM) - 728.87 (ICD-9-CM) - Generalized muscle we; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	meds changed; This study is being ordered for a neurological disorder.; 01/2021; There has been treatment or conservative therapy.; tremors; neurologist, PT, meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	MRI Brain for seizure like activity, confusion after episode. Reports having several episodes. She did urinate on herself during an episode. She has had a severe headache for at least a week. Pt has no history of migraines. Pt also having some nausea ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Northwest neurology clinic requesting urgent evaluation--- appt in august 31st. . ;Ordered MRI brain, lumbar spine is pending. ;Ordered stool studies (consider infectious etiology of neurologic symptoms)-- symptom; This study is being ordered for a neurological disorder.; 04/20/2021; There has been treatment or conservative therapy.; Friendly 53-year-old man with hyperlipidemia, history of shingles x6, postherpetic neuralgia, history of left tympanic membrane shingles presenting for follow-up regarding neurologic symptoms that he has had since 4/21/2021, the day after he had received ; Called to let us know that after Dr. Kumbham reviewed this pt chart and notes, he said that the pt needs to be referred to Dr. Miles Johnson. Dr. Johnson can treat lower extremity numbness.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT NEED THE NODULE FOLLOWED UP ON MRI TO RULE OUT ANY INFECTIOUS PROCESS OR MASS. MRA OF BRAIN IS FOR GCA SYSTEMS; This study is being ordered for a neurological disorder.; 6 weeks AGO; There has been treatment or conservative therapy.; PATIENT HAS BEEN TO SEVERAL SPECIALIST AND HAS BEEN DIAGNOSED WITH GIANT CELL ARTERITIS. PATIENT HAS HEADACHES AND HAS A NODI=ULE ON HER RIGHT FOREHEAD THAT IS CAUSING PAIN.; SHE HAS BEEN ON PREDNISONE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	post concussion, normal ct scan.; This study is being ordered for trauma or injury.; 03/21/2021; There has been treatment or conservative therapy.; right eye pain, migraines post injury, blurred vision and tearing; OTC pain meds and applied ice as needed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	41	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	14 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; New onset within the past month describes the headache's character.	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The character of the headache is unknown.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; It is unknown if other causes have been ruled out.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 TIA (stroke) best describes the reason that I have requested this test.; It is unknown if there are documented localizing neurologic findings.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 TIA (stroke) best describes the reason that I have requested this test.; There are NO documented localizing neurologic findings.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; None of the above best describes the reason that I have requested this test.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	TREATMENT PLANNING; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 + WKS; It is not known if there has been any treatment or conservative therapy.; HEADACHED WITH VISION CHANGES, PARESTHESIA OF SKIN, VISUAL DISTURBANCE, NECK PAIN LEG AND LOW BACK PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Xray right elbow. ;Repeat cmp;Mri brain for recurrent dizziness and vertigo symptoms.; This study is being ordered for a neurological disorder. ; 04/01/2021; There has been treatment or conservative therapy.; This is a 51-year-old female the presents to the emergency department today with a chief complaint of some left arm pain. The onset of this pain was yesterday. He resolved but then returned again today around noon it is intermittent. It seems to be exacer; She also reports a history of vertigo. She takes meclizine for this and she had an episode of this on Tuesday. Today she took some meclizine because she started feeling some heaviness on her forehead. This heaviness has since resolved. Patient reports ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Abnormal finding on physical examination 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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).; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	1 month ago; There has not been any treatment or conservative therapy.; unexplained weight loss, appetite loss, and life long tobacco abuse.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	3/19/21; There has not been any treatment or conservative therapy.; excessive weight loss and chronic cough; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	06/08/2021; There has not been any treatment or conservative therapy.; Abdominal mass with abdominal pain; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	09/01/2019; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	12/07/2015; There has been treatment or conservative therapy.; HYPERCALCEMIA, ABDOMINAL PAIN, SUBSTERNAL PAIN; THYROIDECTOMY, LOW CALCIUM DIET; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	2020; There has not been any treatment or conservative therapy.; unintentional weight loss; may be related to mom with alzheimers move in with them 2020; Discussion Notes; will get ophthalmology to look at eye. needs egd to reveal for barretts esophagitis and for weight loss. will notify of abnormal lab. f/u 3 months fo; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	8 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	axillary mass & lump in neck; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	complains sob, chest squeezed, heart rate gets fast; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Concern for ? Xiphoidalgia syndrome; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	COPD and Chest pain; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	cough chest tightness shortness of breath wheezing impression is WNL nausea rib pain; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	CT abd/pelvis showed hilar lymphadenopathy that warrants further evaluation; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If Reason for Visit; Tachycardia (as high as 150 ), Weight Loss, and Bleeding/Bruising (without injury); Patient with a several month history of unintentional weight loss but is markedly worsened over the last month ; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	evaluate fracture not found on xray; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Follow up scan to make sure everything is clear; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Horner's Syndrome; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Mr Pruitt has a known history of Hilar Adenopathy, suspected sarcoidosis. Last CT was 2019 and it is standard medical practice to have follow up CT of chest with contrast; The patient is NOT presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	other diagnostic testing inconclusive and/or negative; This study is being ordered for Inflammatory/ Infectious Disease.; seen in office on 03/23/21. ordered abdominal ultrasound which was negative, and colonoscopy that was also negative. returns today 04/28/21 with continued complaints of left sided pain under ribs and luq abdominal pain.; There has been treatment or conservative therapy.; diarrhea, left upper quad pain, and left sided rib pain. blood in stool; prednisone, zithromax, and naproxen ;abdominal ultrasound; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	painful, swollen lesion on lower anterior left rib region; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT BROUGHT PERLIMINAR REPORT FINDING OF LEFT HILAR NODULE; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient fell through a roof and is still having chest pain with contusion to the chest; 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.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient had CT on 7/11/2019 and found a pleural based soft tissue nodule in right lung measuring up to 6mm. Radiologist wanted a follow up CT in 12 months.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having Shortness of Breath and chest congestion.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT STATED THAT HE HAS FLANK PAIN AND THE PAIN GETS WORSE WHEN HE IS SLEEP AND WHEN HE STANDS STRAIGHT UP.PATIENT HAS A HISTORY OF SMOKING BUT HE DOES NOT QUALIFY FOR A LOW DOSE LUNG SCREENING DUE TO HIS AGE.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	peribronchial thickening and densities in the hilar regions. follow-up CT of the chest recommended; There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection.;" There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has complaints of SOB and chest pain for over a week with no improvement; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PT has shortness of breath, cough and rib pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is a past smoker with chronic pain in chest and abdomen; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt seen on 5/25/21. Documentation of 9-10 lbs wt loss this year; It is not known if there has been any treatment or conservative therapy.; weight loss, positive stool guaiac , low back pain, It hip pain, lower ext weakness; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	right sided chest pain severe with associated swelling in the area of the right breast; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; A Chest/Thorax CT is being ordered.; 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 a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; There has not been any treatment or conservative therapy.; Elevated Tumor Markers; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; There has not been any treatment or conservative therapy.; She has new onset anemia and profound weight loss, fatigue, abdominal pain, and SOB.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; Coughing up phlegm with back and smells, diarrhea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Will upload clinicals; There has been treatment or conservative therapy.; Will upload clinicals; Will upload clinicals; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Patients who are NOT between the ages of 50 and 80 years of age do not meet the criteria for lung cancer screening.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients who have stopped smoking 15 or more years ago do not meet the criteria for lung cancer screening.; The patient quit smoking 15 or more years ago.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	N/A; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	PATIENT STATE NOT SLEEPING WELL AT NIGHT, FAMILY STATES SHE SNORES, STAYS TIRED ALL DURING THE DAY. HAS HAD MIGRAINES FOR YEARS. HAS HYPERTENSION; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is 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.; Patients who are NOT between the ages of 50 and 80 years of age do not meet the criteria for lung cancer screening.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	provider will fax; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Suspected Vascular Disease.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; It is not known whether this is an evaluation for thoracic outlet syndrome.; It is not known whether there are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Aneurysm of renal artery in native kidney; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Aneurysm of renal artery in native kidney; There has been treatment or conservative therapy.; Aneurysm of renal artery in native kidney; Aneurysm of renal artery in native kidney; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Patient has a PMH of Aortic Aneurysm, she is unsure if it was Thoracic or Abdominal. She has had a major increase in symptoms and needs to be reimaged prior to medical treatment.; This study is being ordered for Vascular Disease.; Patient has a PMH of Aortic Aneurysm.; There has been treatment or conservative therapy.; Fluctuation in blood pressure, mid-torso discomfort.; At present we are treating patient for extreme fluctuation in blood pressure. Concern AA has changed.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	patient has a pulmonary nodule as well as an ascending aortic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	cervicobrachialgia for 2 years ,with results of mri cervical spine; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	Swelling / lump finding -;pt has a bulge in the middle of his back to the right of his spine;;previous US was wnl; This study is being ordered for a work-up of a suspicious mass.; There is no radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is not experiencing cervical neck pain not improving despite treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 04/14/2021; There has not been any treatment or conservative therapy.; pain, numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 06/17/2021; There has been treatment or conservative therapy.; vertigo, pain in neck; pain meds, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	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 due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING WEAKNESS AFTER VACCINATION.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient must have imaging completed in order to be seen by a specialist for treatment.; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; Pain in the c-spine, t-spine, l-spine, pain with ambulation/changes in gait related to pain.; Spinal injections ;Nerve stimulator (removed); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	pressure in head (near left eye); nausea/vomiting; dizziness; blurred vision; feeling slowed down; feeling like in a fog; don't feel right; difficulty concentrating; difficulty remembering; fatigue; confusion; drowsines; The patient does have neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has not been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc...; Caller does not know how many follow-up Cervical Spine CTs the patient has had.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 04/26/21; There has been treatment or conservative therapy.; LBP and thoracic pain with radiculopathy that is worsening.; Pt has been instructed to reduce activity and rest. Also started on Ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/2016; There has been treatment or conservative therapy.; lower back pain, numbness in right leg; tramadol, tylenol # 3, cyclobenzaprine, baclofen, ibuprofen, pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient must have imaging completed in order to be seen by a specialist for treatment.; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; Pain in the c-spine, t-spine, l-spine, pain with ambulation/changes in gait related to pain.; Spinal injections ;Nerve stimulator (removed); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 patient is not being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.;" The study is being ordered due to known tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has a recent fracture or abnormality seen on a previous imaging study; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 12/29/2016; There has been treatment or conservative therapy.; back pain, neck pain, unable to work.; Patient was going to a back specialist, physical therapy and using anti inflammatory steroids.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 04/26/21; There has been treatment or conservative therapy.; LBP and thoracic pain with radiculopathy that is worsening.; Pt has been instructed to reduce activity and rest. Also started on Ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/2016; There has been treatment or conservative therapy.; lower back pain, numbness in right leg; tramadol, tylenol # 3, cyclobenzaprine, baclofen, ibuprofen, pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 04/14/2021; There has not been any treatment or conservative therapy.; pain, numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient must have imaging completed in order to be seen by a specialist for treatment.; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; Pain in the c-spine, t-spine, l-spine, pain with ambulation/changes in gait related to pain.; Spinal injections ;Nerve stimulator (removed); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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?; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; It is not known if there is x-ray evidence of a lumbar recent fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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 no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 IN LEGS; It is not known if there is x-ray evidence of a lumbar recent fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; gabapentin 300 mg 3 times a day; meloxicam 15 mg daily; tizanidine (ZANAFLEX) 4 mg Tablet; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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?; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Patient is here with complaints of chronic low back pain to where it has been affecting her being able to walk and get out of chairs; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Pre-Operative Evaluation; It is not known when surgery is scheduled.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; neck pain, upper back pain, numbness of both hands; This study is being ordered for Severe Scoliosis	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; 04/08/2021; There has been treatment or conservative therapy.; Lumbar- cervical radication;lower extremities bilateral;paresthesia to lower extremities bilateral severe pain neck lumbar spine neurogenic claudication grip strength bilateral ;;history of cervical and lumbar fusion; xray on 04/27/2021; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Inflammatory/ Infectious Disease.; 12/29/2016; There has been treatment or conservative therapy.; back pain, neck pain, unable to work.; Patient was going to a back specialist, physical therapy and using anti inflammatory steroids.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 / Injury; There are NO neurological deficits on physical exam	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; 5/1/21; There has been treatment or conservative therapy.; pain/numbness; medication. at home therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	01/29/2021; There has been treatment or conservative therapy.; left-sided numbness, tingling and weakness in his hand; NSAIDS; This study is being ordered for Other not listed	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal EKG;possible infarct; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/17/2021; There has been treatment or conservative therapy.; Dyspnea at rest, A typical chest pain, hypersomnia, tachycardia, numbness that radiates to hand.; Medication, Chest X-ray and EKG.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/2020; There has been treatment or conservative therapy.; right shoulder pain that feels like somethin is "catching" and pops; He has taken tizanidine for muscle spasm and prednisone for the inflammation, was then given tramadol and meloxicam for the pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Elevated WBC with elevated Neutrophils and immature granulocytes. Studies needed for suspicion of MS vs ALS.; 06/09/2021; There has not been any treatment or conservative therapy.; change in vision, neuropathy, weight loss, family hx ALS, abnormal MRI of head that could indicate MS, and lower extremity pain; This study is being ordered for Multiple Sclerosis	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 03/8/2021; There has been treatment or conservative therapy.; Pain in elbow than went up to the shoulder, decreased abduction and gets electric shocking pain; home exercise and multiple x rays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/20/21; There has been treatment or conservative therapy.; Pain down right arm, pain on right side of face, pain on neck depends on what PT is doing; MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	He has tried and failed conservative treatment for left knee pain, low back pain and neck pain. Exam today shows tenderness to midline neck, lower back, and left knee anteriorly.; This study is being ordered for trauma or injury.; November of 2020 by a motor vehicle accident; There has been treatment or conservative therapy.; States still having a lot of pain to the left knee. Wearing a brace today. Lower back still painful with radiation down right leg and decreased ROM due to pain. Neck and left shoulder still painful, has numbness/tingling still down left arm.; 6 weeks of home physical therapy and nSAID's; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	meds changed; This study is being ordered for a neurological disorder.; 01/2021; There has been treatment or conservative therapy.; tremors; neurologist, PT, meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	MID BACK PAIN, NECK PAIN, AND LOW BACK PAIN. PAIN HAS WORSENE SINCE MOTORCYCLE WRECK THREE WEEKS AGO. HAS BEEN TO CHIROPRACTOR IN PAST BUT WOULD NOT ADJUST DUE TO BACK AND WOULD ONLY STRETCH BACK. HE GETS NUMBNESS/TINGLING ALL OF THE TIME IN BILATERAL HA; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	NECK PAIN SCOLIOSIS; This study is being ordered for Severe Scoliosis ; It is unknown if there are neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has scoliosis and Right Shoulder pain, unable to lift anything, decreased ROM; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient NEEDS this study so we can figure out the course of treatment in which to take. Whether is be surgery or what else.; 04/2021; There has been treatment or conservative therapy.; Pain, weakness, numbness, tingling, decreased mobility; Patient has been doing at home physical therapy and taken lots of pain medications.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Patient would like to proceed with MRIs to see the extent of her issues and follow up with Interventional pain management or neurosurgeon based on the MRI results.; States she is been having issues with back pain first 5 to 6 years; There has been treatment or conservative therapy.; Musculoskeletal: Positive for back pain and neck pain. Negative for falls. ;Musculoskeletal: ; Cervical back: Spasms and tenderness present. No edema or erythema. Normal range of motion. ; Lumbar back: Tenderness present. No spasms. Normal range of; Has been seeing a chiropractor who did x-rays and stated that she had degenerative disc disease of her lower back and her neck. States the chiropractic treatment has not been helping her symptoms.; States that 3 to 4 years ago did do physical therapy for; This study is being ordered for Other</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>PCP spoke personally to her ophthalmologist Dr. Schroeder today regarding pt. He states eyes have not progressed significantly but still has some defects. He recommends MRI of cervical and thoracic spine to eval for sarcoid.; 05/21/2020; There has been treatment or conservative therapy.; Eyes: Positive for visual disturbance.;Neurological: Positive for headaches. Negative for dizziness and weakness.; She is taking acetazolamide 500mg ER, feels like it is controlling HA ok but still having HA about daily, however they are mostly mild, but still getting severe HA 1-2x/week. Today she reports her weight is 245lbs, down from 265lbs.; This study is being ordered for Neurological Disorder</p>	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	POSSIBLE DISC WITH RADICULOPATHY CERVICAL BLEEDING.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12 + WEEKS; There has not been any treatment or conservative therapy.; LEFT ARM DISCOMFORT AND NECK PAIN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	provider will fax; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is having cervical radiculopathy, back pain and abnormal imaging; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PT STATES HE IS UNABLE TO AFFORD PHYSICAL THERAPY BECAUSE IT DOES NOT COVER 100% OF TREATMENT AND UNABLE TO AFFORD, PT STATES THAT HE HAS TAKEN NSAIDS OVER THE COUNTER BUT WITH HIS KIDNEY PROBLEMS HE HAS BEEN INSTRUCTED TO DISCONTINUE AND UNABLE TO TAKE; JUNE 2020; It is not known if there has been any treatment or conservative therapy.; CERVICALGIA WITH RADICULOPATHY AND LUMBAGO WITH RADICULOPATHY; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Referral needed for pain management for possible surgery if determined necessary.; Unknown; There has not been any treatment or conservative therapy.; Severe pain in back and neck. Herniated disc on MRI of lower back 2 years ago. Pain with palpation of the c spine, paraspinal areas, LS spine and paraspinal areas. C spine shows significant disc space narrowing, lower cervical spine, LS spine shows sign; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	She explains was working and experienced acute left sided weakness, MRI performed no acute infarction noted however do note there was a tiny nonspecific hyperintensity flair in the in the right posterosuperior periventricular region. She was advised to co; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Spinal stenosis; Spinal stenosis; There has been treatment or conservative therapy.; Spinal stenosis; Spinal stenosis; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 procedure is unknown.; The patient does not have any of the above listed items	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; The patient has None of the above	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Dermatomal sensory changes on physical examination	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 Focal upper extremity weakness	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Dermatomal sensory changes on physical examination	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Abnormal Reflexes	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Dermatomal sensory changes on physical examination	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	7 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	16 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	24 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	20 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 Inflammatory / Infectious Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	TREATMENT PLANNING; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 + WKS; It is not known if there has been any treatment or conservative therapy.; HEADACHED WITH VISION CHANGES, PARESTHESIA OF SKIN, VISUAL DISTURBANCE, NECK PAIN LEG AND LOW BACK PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; 4/21/20; There has been treatment or conservative therapy.; Neck pain w/ numbness/tingling in BUE and upper back & bilateral shoulder pain; Patient has done physical therapy and prednisone with little to no relief; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; 05/2019; There has been treatment or conservative therapy.; PAIN LIMITED RANGE OF MOTION ON NECK; PT,ANTI INFLAMMATORY; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain, tenderness, Injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Will fax in clinical info; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	X RAY OF CERVICAL SPINE HAS EVIDENCE OF MARKED DEGENERATIVE CHANGES OF C6-C7 WITH MILD TO MODERATE CHANGES AT C4-C5 AND C5-C6. MILD REVERSE LORDOSIS BUT NO ACUTE BONY ABNORMALITIES. X-RAY OF L-SPINE SHOWS EVIDENCE OF PREVIOUS FUSION HISTORY AT L4-L5. OTHE; UNKNOWN; There has been treatment or conservative therapy.; HE REPORTS STILL FEELING PAIN IN HIS NECK AND FEELS LIKE SOME IS "SQUEEZING" HIS ARMS AND ENTIRE UPPER BODY. COMPLAINS OF LOW BACK PAIN THAT RADIATES DOWN HIS LEGS. HE HAS MULTI LEVEL DEGENERATIVE DISC DISEASE IN LUMBAR AND CERVICAL; PATIENT WAS SEEN IN THE PAST AT PAIN MANAGEMENT CLINIC IN CA BUT SINCE MOVED TO AR HAS NOT BEEN TAKING ANYTHING FOR PAIN. WAS PRESCRIBED MUSCLE RELAXERS AND PREDNISONE DOSE PACK FOR SIX DAYS. PATIENT HAS UNDERWENT PREVIOUS L4-L5 FUSION IN PAST; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; low back pain with radiculopathy; thoracic back pain; Physical and medication therapy for 12 weeks; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; neck pain, upper back pain, numbness of both hands; This study is being ordered for Severe Scoliosis	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 5/1/21; There has been treatment or conservative therapy.; pain/numbness; medication. at home therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Elevated WBC with elevated Neutrophils and immature granulocytes. Studies needed for suspicion of MS vs ALS.; 06/09/2021; There has not been any treatment or conservative therapy.; change in vision, neuropathy, weight loss, family hx ALS, abnormal MRI of head that could indicate MS, and lower extremity pain; This study is being ordered for Multiple Sclerosis	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 04/29/2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given at home exercise, chiropractic care; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 2000; It is not known if there has been any treatment or conservative therapy.; back pain worsening;; This study is being ordered for Inflammatory / Infectious Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	EVERYTHING IS GETTING WORSE; 02/03/21; There has been treatment or conservative therapy.; BACK PAIN, PARESTHESIA HX OF BACK SURGERY FOR SCOLIOSIS; N SAIDS; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Family history of lesions on the spine; a month ago; There has been treatment or conservative therapy.; Pt has Rt calf pain, weakness of Rt lower and upper extremities; muscle relaxant; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Lspine Xray- possible compression fractures T12, 11 and L1. dextroscoliosis and djd present; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Lumbar xray showed T12-L1 and L1-2 with moderate degenerative disc disease. Thoracic xray shows scoliosis with Cobb angle near 10 degrees and mild degenerative disc disease; It started about four months ago as a small numb spot on left side of back and then wrapped around to abdomen.; There has been treatment or conservative therapy.; Dorsalgia, abnormal (paresthesia left abdomen), irregular gait,He feels like his muscles are clenched like he has Charlie Horse's. small numb spot on left side of back and then wrapped around to abdomen.; Medrol (Pak) 4 mg tablets in a dose pack, ;ibuprofen 800 mg tablet; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	meds changed; This study is being ordered for a neurological disorder.; 01/2021; There has been treatment or conservative therapy.; tremors; neurologist, PT, meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	MID BACK PAIN, NECK PAIN, AND LOW BACK PAIN. PAIN HAS WORSENE SINCE MOTORCYCLE WRECK THREE WEEKS AGO. HAS BEEN TO CHIROPRACTOR IN PAST BUT WOULD NOT ADJUST DUE TO BACK AND WOULD ONLY STRETCH BACK. HE GETS NUMBNESS/TINGLING ALL OF THE TIME IN BILATERAL HA; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	NECK PAIN SCOLIOSIS; This study is being ordered for Severe Scoliosis ; It is unknown if there are neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	None; 04/22/2021; There has been treatment or conservative therapy.; Severe back pain trouble walking parathesia radiating down bilateral legs; Rx medication; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Note are being faxed to for 4 office visits showing treatment and increased pain and worsening symptoms with limited range of motion; 07-20-2020 back pain and Thoracic and rib pain started 11-25-2020; There has been treatment or conservative therapy.; Intense dull pain to right posterior flank that radiates in to his right chest wall, Increasing pain low back pain with midline tenderness to thoracic and Lumbar regions intermittent numbness and tingling into bilateral lower extremities. and muscle we; Home exercises and Anti inflammatory meds and back bracing; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	patient has been having ongoing back pain with no improvement since 2018. last imaging was done 3/26/2018 showing early degenerative changes.; 2018; There has been treatment or conservative therapy.; back pain, history of early degenerative changes in 2018.; patient has been taking anti-inflammatory medication and doing conservative therapy since 2018 with no improvement; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has scoliosis and Right Shoulder pain, unable to lift anything, decreased ROM; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	PCP spoke personally to her ophthalmologist Dr. Schroeder today regarding pt. He states eyes have not progressed significantly but still has some defects. He recommends MRI of cervical and thoracic spine to eval for sarcoid.; 05/21/2020; There has been treatment or conservative therapy.; Eyes: Positive for visual disturbance.; Neurological: Positive for headaches. Negative for dizziness and weakness.; She is taking acetazolamide 500mg ER, feels like it is controlling HA ok but still having HA about daily, however they are mostly mild, but still getting severe HA 1-2x/week. Today she reports her weight is 245lbs, down from 265lbs.; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has mid and low back pain, right hip pain, shooting pain down right leg; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is having cervical radiculopathy, back pain and abnormal imaging; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pt with worsening symptoms. Considering referral to neurosurgeon; requires recent MRI; 05/21/2015; There has been treatment or conservative therapy.; Lumbago with bilateral sciatica, bilateral weakness. Makes ADLS weakness. L4-5 disc bulge.; Prescription therapy, NSAIDS, conservative therapy; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	see records; December 2020; There has been treatment or conservative therapy.; Back pain, shooting pain into his hips and legs. Numbness and tingling.; Patient is using muscle relaxers, aleve, cold packs, does stretches, and sees physical therapy.; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Spinal stenosis; Spinal stenosis; There has been treatment or conservative therapy.; Spinal stenosis; Spinal stenosis; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 have a new foot drop.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 reflex abnormality.; SPINAL RESTRICTION/SUBLUXATION AT T2, T6, T9, T10, T12.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.;	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; D numbness of the legs/feet (bilateral arms and hands, right being worse); previous injury to thoracic region years ago	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; mild proximal RUE weakness w/ mild dec grip strength R hand	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Patient complaint of weakness.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not know if the patient has seen the doctor more then once for these symptoms.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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?	4	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; other medications as listed.; OVER THE COUNTER PAIN MEDS; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; HOME EXERCISE	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; heat and ice , Celebrex, chronic problem, with acute flair , history of cervical tumors in vertebrae	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 have new signs or symptoms of bladder or bowel dysfunction.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not have new or changing neurologic signs or symptoms.; The 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.; PREDISONE, BACLOPHINE; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; 04-15-21; There has been treatment or conservative therapy.; pain radiating down legs, pain in mid and lower back, weakness; physician supervised therapy, medications; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; 4/21/20; There has been treatment or conservative therapy.; Neck pain w/ numbness/tingling in BUE and upper back & bilateral shoulder pain; Patient has done physical therapy and prednisone with little to no relief; This study is being ordered for Other	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; low back pain with radiculopathy; thoracic back pain; Physical and medication therapy for 12 weeks; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; 04/08/2021; There has been treatment or conservative therapy.; Lumbar- cervical radication; lower extremities bilateral; paresthesia to lower extremities bilateral severe pain neck lumbar spine neurogenic claudication grip strength bilateral ; history of cervical and lumbar fusion; xray on 04/27/2021; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; around 1 year ago; There has been treatment or conservative therapy.; left hip pain, and low back pain that has worsened after PT and NSAID treatment. Numbness and weakness in left leg, shuffling gait, and left foot drags causing her to limp.; patient has been doing physical therapy, and taking Naproxen twice daily for the last 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 / Injury; There are NO neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Elevated WBC with elevated Neutrophils and immature granulocytes. Studies needed for suspicion of MS vs ALS.; 06/09/2021; There has not been any treatment or conservative therapy.; change in vision, neuropathy, weight loss, family hx ALS, abnormal MRI of head that could indicate MS, and lower extremity pain; This study is being ordered for Multiple Sclerosis	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 04/29/2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given at home exercise, chiropractic care; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 06/16/2021; There has been treatment or conservative therapy.; Pain for over 2 years, numbness and tingling; steroids, pain medication; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 2000; It is not known if there has been any treatment or conservative therapy.; back pain worsening;; This study is being ordered for Inflammatory / Infectious Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	EVERYTHING IS GETTING WORSE; 02/03/21; There has been treatment or conservative therapy.; BACK PAIN, PARESTHESIA HX OF BACK SURGERY FOR SCLIOSIS; N SAIDS; This study is being ordered for Other	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	got out of pool and slipped on the wet surgance, hyperextended left knee and fell on lower back injuring left knee in process hurst to put weight on the left knee or sit on lower back; xrays of ls and knee have been done with negative findings on knee an; This study is being ordered for trauma or injury.; 06/21/21; There has not been any treatment or conservative therapy.; hurst to put weight on left knee or sit on lower back; pain with palpation of the left knee posteriorly and pain with palpation of the LS spine, paraspinal areas; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	He has tried and failed conservative treatment for left knee pain, low back pain and neck pain. Exam today shows tenderness to midline neck, lower back, and left knee anteriorly.; This study is being ordered for trauma or injury.; November of 2020 by a motor vehicle accident; There has been treatment or conservative therapy.; States still having a lot of pain to the left knee. Wearing a brace today. Lower back still painful with radiation down right leg and decreased ROM due to pain. Neck and left shoulder still painful, has numbness/tingling still down left arm.; 6 weeks of home physical therapy and nSAID's; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Lspine Xray- possible compression fractures T12, 11 and L1. dextroscoliosis and djd present; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Lumbar xray showed T12-L1 and L1-2 with moderate degenerative disc disease. Thoracic xray shows scoliosis with Cobb angle near 10 degrees and mild degenerative disc disease; It started about four months ago as a small numb spot on left side of back and then wrapped around to abdomen.; There has been treatment or conservative therapy.; Dorsalgia, abnormal (paresthesia left abdomen), irregular gait,He feels like his muscles are clenched like he has Charlie Horse's. small numb spot on left side of back and then wrapped around to abdomen.; Medrol (Pak) 4 mg tablets in a dose pack, ;ibuprofen 800 mg tablet; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	meds changed; This study is being ordered for a neurological disorder.; 01/2021; There has been treatment or conservative therapy.; tremors; neurologist, PT, meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MID BACK PAIN, NECK PAIN, AND LOW BACK PAIN. PAIN HAS WORSENE SINCE MOTORCYCLE WRECK THREE WEEKS AGO. HAS BEEN TO CHIROPRACTOR IN PAST BUT WOULD NOT ADJUST DUE TO BACK AND WOULD ONLY STRETCH BACK. HE GETS NUMBNESS/TINGLING ALL OF THE TIME IN BILATERAL HA; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	NECK PAIN SCOLIOSIS; This study is being ordered for Severe Scoliosis ; It is unknown if there are neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	None; 04/22/2021; There has been treatment or conservative therapy.; Severe back pain trouble walking parathesia radiating down bilateral legs; Rx medication; This study is being ordered for Other	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Note are being faxed to for 4 office visits showing treatment and increased pain and worsening symptoms with limited range of motion; 07-20-2020 back pain and Thoracic and rib pain started 11-25-2020; There has been treatment or conservative therapy.; Intense dull pain to right posterior flank that radiates in to his right chest wall, Increasing pain low back pain with midline tenderness to thoracic and Lumbar regions intermittent numbness and tingling into bilateral lower extremities. and muscle we; Home exercises and Anti inflammatory meds and back bracing; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Northwest neurology clinic requesting urgent evaluation--- apt in august 31st. . ;Ordered MRI brain, lumbar spine is pending. ;Ordered stool studies (consider infectious etiology of neurologic symptoms)-- symptom; This study is being ordered for a neurological disorder.; 04/20/2021; There has been treatment or conservative therapy.; Friendly 53-year-old man with hyperlipidemia, history of shingles x6, postherpetic neuralgia, history of left tympanic membrane shingles presenting for follow-up regarding neurologic symptoms that he has had since 4/21/2021, the day after he had received ; Called to let us know that after Dr. Kumbham reviewed this pt chart and notes, he said that the pt needs to be referred to Dr. Miles Johnson. Dr. Johnson can treat lower extremity numbness.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has been having ongoing back pain with no improvement since 2018. last imaging was done 3/26/2018 showing early degenerative changes.; 2018; There has been treatment or conservative therapy.; back pain, history of early degenerative changes in 2018.; patient has been taking anti-inflammatory medication and doing conservative therapy since 2018 with no improvement; This study is being ordered for Other	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has scoliosis and Right Shoulder pain, unable to lift anything, decreased ROM; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having L-Spine pain with Sciatica on right side traveling down the right leg causing Right leg pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient NEEDS this study so we can figure out the course of treatment in which to take. Whether is be surgery or what else.; 04/2021; There has been treatment or conservative therapy.; Pain, weakness, numbness, tingling, decreased mobility; Patient has been doing at home physical therapy and taken lots of pain medications.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient would like to proceed with MRIs to see the extent of her issues and follow up with Interventional pain management or neurosurgeon based on the MRI results.; States she is been having issues with back pain first 5 to 6 years; There has been treatment or conservative therapy.; Musculoskeletal: Positive for back pain and neck pain. Negative for falls. ;Musculoskeletal: ; Cervical back: Spasms and tenderness present. No edema or erythema. Normal range of motion. ; Lumbar back: Tenderness present. No spasms. Normal range of; Has been seeing a chiropractor who did x-rays and stated that she had degenerative disc disease of her lower back and her neck. States the chiropractic treatment has not been helping her symptoms.; States that 3 to 4 years ago did do physical therapy for; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt had fall at home. Pt is having right lower leg pain and swelling and lumbar radiculopathy. Pt has taken nsaid, analgesic and home exercises with no relief in symptoms; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has mid and low back pain, right hip pain, shooting pain down right leg; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PT STATES HE IS UNABLE TO AFFORD PHYSICAL THERAPY BECAUSE IT DOES NOT COVER 100% OF TREATMENT AND UNABLE TO AFFORD, PT STATES THAT HE HAS TAKEN NSAIDS OVER THE COUNTER BUT WITH HIS KIDNEY PROBLEMS HE HAS BEEN INSTRUCTED TO DISCONTINUE AND UNABLE TO TAKE; JUNE 2020; It is not known if there has been any treatment or conservative therapy.; CERVICALGIA WITH RADICULOPATHY AND LUMBAGO WITH RADICULOPATHY; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt with worsening symptoms. Considering referral to neurosurgeon; requires recent MRI; 05/21/2015; There has been treatment or conservative therapy.; Lumbago with bilateral sciatica, bilateral weakness. Makes ADLS weakness. L4-5 disc bulge.; Prescription therapy, NSAIDS, conservative therapy; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Referral needed for pain management for possible surgery if determined necessary.; Unknown; There has not been any treatment or conservative therapy.; Severe pain in back and neck. Herniated disc on MRI of lower back 2 years ago. Pain with palpation of the c spine, paraspinal areas, LS spine and paraspinal areas. C spine shows significant disc space narrowing, lower cervical spine, LS spine shows sign; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	see records; December 2020; There has been treatment or conservative therapy.; Back pain, shooting pain into his hips and legs. Numbness and tingling.; Patient is using muscle relaxers, aleve, cold packs, does stretches, and sees physical therapy.; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	She explains was working and experienced acute left sided weakness, MRI performed no acute infarction noted however do note there was a tiny nonspecific hyperintensity flair in the in the right posterosuperior periventricular region. She was advised to co; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Spinal stenosis; Spinal stenosis; There has been treatment or conservative therapy.; Spinal stenosis; Spinal stenosis; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 None of the above	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 New symptoms of paresthesia evaluated by a neurologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Trauma or recent injury	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	107	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	39	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	4	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	34 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	19 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Unilateral focal muscle wasting	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	80 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	TREATMENT PLANNING; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 + WKS; It is not known if there has been any treatment or conservative therapy.; HEADACHED WITH VISION CHANGES, PARESTHESIA OF SKIN, VISUAL DISTURBANCE, NECK PAIN LEG AND LOW BACK PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; 04-15-21; There has been treatment or conservative therapy.; pain radiating down legs, pain in mid and lower back, weakness; physician supervised therapy, medications; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; 05/2019; There has been treatment or conservative therapy.; PAIN LIMITED RANGE OF MOTION ON NECK; PT,ANTI INFLAMMATORY; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Will fax in clinical info; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	X RAY OF CERVICAL SPINE HAS EVIDENCE OF MARKED DEGENERATIVE CHANGES OF C6-C7 WITH MILD TO MODERATE CHANGES AT C4-C5 AND C5-C6. MILD REVERSE LORDOSIS BUT NO ACUTE BONY ABNORMALITIES. X-RAY OF L-SPINE SHOWS EVIDENCE OF PREVIOUS FUSION HISTORY AT L4-L5. OTHE; UNKNOWN; There has been treatment or conservative therapy.; HE REPORTS STILL FEELING PAIN IN HIS NECK AND FEELS LIKE SOME IS "SQUEEZING" HIS ARMS AND ENTIRE UPPER BODY. COMPLAINS OF LOW BACK PAIN THAT RADIATES DOWN HIS LEGS. HE HAS MULTI LEVEL DEGENERATIVE DISC DISEASE IN LUMBAR AND CERVICAL; PATIENT WAS SEEN IN THE PAST AT PAIN MANAGEMENT CLINIC IN CA BUT SINCE MOVED TO AR HAS NOT BEEN TAKING ANYTHING FOR PAIN. WAS PRESCRIBED MUSCLE RELAXERS AND PREDNISONE DOSE PACK FOR SIX DAYS. PATIENT HAS UNDERWENT PREVIOUS L4-L5 FUSION IN PAST; This study is being ordered for Other	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for a pelvis CT angiography.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Pt has been feeling pulling pain in the low abd with urination and bowel movements and think she has passed stool from the vagina; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	R/O FISSURE/FISTULA; 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	To rule out hairline fracture; This study is being ordered for trauma or injury.; 4/01/2021; There has not been any treatment or conservative therapy.; Right hip/groin pain with ambulation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Pt has been feeling pulling pain in the low abd with urination and bowel movements and think she has passed stool from the vagina; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	CONTACTED THIS AM BY DR HUNTER HOLTOFF, NEPHROLOGIST @ UAMS & DR TAMAKRISHNA THOTAKWA, WHO CONSULTED WITH CHEIF NEPHROLOGIST @ VA, DR LUIS JUNCOS. HE IS REQUESTING MRI ABD/PELVIS WITH CONTRAST TO RULE OUT A RENINOMA - MICROSCOPIC BENIGN RENIN SECRETING TU; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has been having ongoing right leg and hip pain for four weeks and now patient's leg is starting to give out. Patient has been referred to Physical Therapy.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient presented 6/23/21 as follow up with PCP after ER visit. Patient seen in the ER on 6/20/21 for a CT abdomen & pelvis reflecting liver mass, renal cyst, renal mass & adrenal nodule. CT scan recommends MRI and kidney US.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt went to emergency room last night and had CT which recommended further review Looking for diverticulitis Symptoms: abdominal pain nausea and fever CT results - suspected 5mm uterine fibroid and right ovarian lesion; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is where she fell on concrete blocks when a hammock broke. She has noticed down when the pain is at its worst she will have a tingling feeling in her left leg.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the sacrum.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 05/23/2021; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the upper extremity.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	additional reasons for this study to make sure that the injury is healing and make sure there is no further damage; This study is being ordered for trauma or injury.; 09/2020; There has been treatment or conservative therapy.; his primary symptoms are pain and decreased range of motion; he has had physical therapy which has not helped; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 5/1/21; There has been treatment or conservative therapy.; pain/numbness; medication. at home therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	additional reasons for this study to make sure that the injury is healing and make sure there is no further damage; This study is being ordered for trauma or injury.; 09/2020; There has been treatment or conservative therapy.; his primary symptoms are pain and decreased range of motion; he has had physical therapy which has not helped; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Chronic pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/2020; There has been treatment or conservative therapy.; right shoulder pain that feels like somethin is "catching" and pops; He has taken tizanidine for muscle spasm and prednisone for the inflammation, was then given tramadol and meloxicam for the pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 03/8/2021; There has been treatment or conservative therapy.; Pain in elbow than went up to the shoulder, decreased abduction and gets electric shocking pain; home exercise and multiple x rays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/26/2021; There has been treatment or conservative therapy.; tingling and numbness pain radiating into neck and chest; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/20/21; There has been treatment or conservative therapy.; Pain down right arm, pain on right side of face, pain on neck depends on what PT is doing; MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	morning stiffness radiation of pain to fingers tingling and numbness is constant involves the fingers; The pain is not from a recent injury, old injury, chronic pain or a mass.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	multiple problems on right side of body which makes pt concerned about mass/lipoma on rt elbow. Would like it evaluated because over past 2 yrs pt has developed trigger finger on right hand and right ankle swelling that extends up into mid-shin and is wor; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Patient has scoliosis and Right Shoulder pain, unable to lift anything, decreased ROM; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Patient is continuing to have pain and swelling at the wrist for the past 2 months. Pain is not getting any better. L wrist is ttp on deq tendon. pain with tendon stress testing. point tenderness on tendon at the raldocarpel joint. has had for 2 mo now.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Patient presented to clinic on 04/20/2021 with complaints left wrist pain. Patient referred to physical therapy and had left wrist xray. No improvement with physical therapy and left wrist xray negative for fracture.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	PATIENT WAS SEEN IN ER WITH LACERATION AND WAS TOLD HE HAD TENDON INVOLVEMENT BUT NO IMAGING WAS DONE, HE HAS A NO HEALING LACERATION AND CONTINUES TO HAVE WRIST PAIN; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	POSSIBLE DISC WITH RADICULOPATHY CERVICAL BLEEDING.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12 + WEEKS; There has not been any treatment or conservative therapy.; LEFT ARM DISCOMFORT AND NECK PAIN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	PT IS COMPLAINING OF LEFT WRIST/HAND PAIN IN THE DISTAL ULNA, PINKY AND 4TH FINGER WEAKNESS. A X-RAY OF THE WRIST WAS DONE BUT IT DID NOT SHOW FRACTURE OR ANY OTHER ISSUES. DR IS RECOMMENDING MRI OF WRIST DUE TO PERSISTENT PAIN; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI; This study is requested for evaluation of wrist pain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; It is not known if the study is requested for shoulder 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; It is not known if the study is 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Patient still experiencing pain.; The patient received oral analgesics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	19 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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?; It is not known if 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 include exercise, prescription medication and follow-up office visits.; Initially seen for R Shoulder pain 2/22/2021. Treated with muscle relaxers and opioids. Re-evaluated 3/22/2021 and no relief of pain. MRI ordered and denied. Pt given home exercise instructions on 3/30/2021. In office follow-up on 4/21/2021 and 5/20/2021. The patient received oral analgesics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 include exercise, prescription medication and follow-up office visits.; Patient did home exercises, have seen a rheumatologist, took prednisone, seen orthopedics who stated not a candidate for surgery having pain all the way down to her left hand.; The patient received oral analgesics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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).	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if 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.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	23 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 scheduled in the next 4 weeks.; This is NOT a Medicare member.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 completed 4 weeks or more of Chiropractic care.; The patient received oral analgesics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Non weight bearing and weight bearing exercise and stretching. Patient still in pain with numbness.; The patient received oral analgesics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	8 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain, tenderness.; Injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	To rule out hairline fracture; This study is being ordered for trauma or injury.; 4/01/2021; There has not been any treatment or conservative therapy.; Right hip/groin pain with ambulation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; WILL FAX RECORDS; There has been treatment or conservative therapy.; ; WILL FAX RECORDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	difficulty walking; This study is being ordered for trauma or injury.; 1-6 months; There has been treatment or conservative therapy.; restricted range of extremity movement,do not improve with medication, lot of pain;; Medrol/medications, orthopedic inserts; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 04/09/2021; There has been treatment or conservative therapy.; Pain gain from ankle radiating to foot, unable to stand for a long period of time; HEP, crutches, physician base therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	got out of pool and slipped on the wet surgance, hyperextended left knee and fell on lower back injuring left knee in process hurts to put weight on the left knee or sit on lower back; xrays of ls and knee have been done with negative findings on knee an; This study is being ordered for trauma or injury.; 06/21/21; There has not been any treatment or conservative therapy.; hurt to put weight on left knee or sit on lower back; pain with palpation of the left knee posteriorly and pain with palpation of the LS spine, paraspinal areas; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	He has tried and failed conservative treatment for left knee pain, low back pain and neck pain. Exam today shows tenderness to midline neck, lower back, and left knee anteriorly.; This study is being ordered for trauma or injury.; November of 2020 by a motor vehicle accident; There has been treatment or conservative therapy.; States still having a lot of pain to the left knee. Wearing a brace today. Lower back still painful with radiation down right leg and decreased ROM due to pain. Neck and left shoulder still painful, has numbness/tingling still down left arm.; 6 weeks of home physical therapy and nSAID's; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Patient is having L-Spine pain with Sciatica on right side traveling down the right leg causing Right leg pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Pt had fall at home. Pt is having right lower leg pain and swelling and lumbar radiculopathy. Pt has taken nsaid, analgesic and home exercises with no relief in symptoms; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 a protective boot for at least 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 acute pain.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 orthotics for at least 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Prior surgery was noted as an indication for knee imaging; The surgery was NOT done in the past 90 days.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 MRI showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	13 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is a suspicion of fracture not adequately determined by x-ray.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	9 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Two views were obtained of the right tibia and fibula. No;acute fracture or dislocation is seen. The bones are normally;mineralized. The knee and ankle joint spaces are preserved. No;radiopaque foreign bodies are present. No soft tissue swelling is see; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Encounter date, 6/15 (5-6 weeks of localized shin pain); There has not been any treatment or conservative therapy.; Pt presents with complaint of R shin pain localized to front of RLE x 5-6 weeks now constant. visible bruising. Xray showed subtle abnormality to shin at point of reported pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	X-ray negative on 04/23/21. Pt took prednisone and is still unable to put weight on foot. Severe pain and swelling; This study is being ordered for trauma or injury.; 04/23/2021; There has been treatment or conservative therapy.; Acute pain, redness, edema of left foot/ankle. Pt is unable to put any weight on ankle and has been using crutches since 04/23/21; Prednisone 10mg ;Tramadol 50mg;Crutches; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; 04/16/2021; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; around 1 year ago; There has been treatment or conservative therapy.; left hip pain, and low back pain that has worsened after PT and NSAID treatment. Numbness and weakness in left leg, shuffling gait, and left foot drags causing her to limp.; patient has been doing physical therapy, and taking Naproxen twice daily for the last 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	HE IS COMPLAINING ABOUT THE PAIN IN HIS RIGHT HIP AND LOWER BACK.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/4/2014; There has been treatment or conservative therapy.; MEMBER IS HAVING PAIN RADIATING DOWN RIGHT SIDE OF HIS LEG ND HIP; HOME EXERCISE HOME/ ICE AND HEAT AND NOW HE USING A CANE , MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been having ongoing right leg and hip pain for four weeks and now patient's leg is starting to give out. Patient has been referred to Physical Therapy.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	17 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	other diagnostic testing inconclusive and/or negative; This study is being ordered for Inflammatory/ Infectious Disease.; seen in office on 03/23/21. ordered abdominal ultrasound which was negative, and colonoscopy that was also negative. returns today 04/28/21 with continued complaints of left sided pain under ribs and luq abdominal pain.; There has been treatment or conservative therapy.; diarrhea, left upper quad pain, and left sided rib pain. blood in stool; prednisone, zithromax, and naproxen ;abdominal ultrasound; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is a past smoker with chronic pain in chest and abdomen; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 experiencing hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 vascular disease.; The requested studies are being ordered for known or suspected aneurysms and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Acute Non-ulcerative Colitis.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 clinical findings or indications of Diabetic patient with gastroparesis.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Yes this is a request for a Diagnostic CT	9	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; Coughing up phlem with back and smells, diarrhea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Patient has a PMH of Aortic Aneurysm, she is unsure if it was Thoracic or Abdominal. She has had a major increase in symptoms and needs to be reimaged prior to medical treatment.; This study is being ordered for Vascular Disease.; Patient has a PMH of Aortic Aneurysm.; There has been treatment or conservative therapy.; Fluctuation in blood pressure, mid-torso discomfort.; At present we are treating patient for extreme fluctuation in blood pressure. Concern AA has changed.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	1 month ago; There has not been any treatment or conservative therapy.; unexplained weight loss, appetite loss, and life long tobacco abuse.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	3/19/21; There has not been any treatment or conservative therapy.; excessive weight loss and chronic cough; 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	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	06/08/2021; There has not been any treatment or conservative therapy.; Abdominal mass with abdominal pain; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	09/01/2019; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	12/07/2015; There has been treatment or conservative therapy.; HYPERCALCEMIA, ABDOMINAL PAIN, SUBSTERNAL PAIN; THYROIDECTOMY, LOW CALCIUM DIET; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	2020; There has not been any treatment or conservative therapy.; unintentional weight loss; may be related to mom with alzheimers move in with them 2020; Discussion Notes; will get ophthalmology to look at eye. needs egd to reveal for barretts esophagitis and for weight loss. will notify of abnormal lab. f/u 3 months fo; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt seen on 5/25/21. Documentation of 9-10 lbs wt loss this year; It is not known if there has been any treatment or conservative therapy.; weight loss, positive stool guaiac , low back pain, It hip pain, lower ext weakness; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 acute pain.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	17 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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 an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the patient is 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.; Yes this is a request for a Diagnostic CT ; 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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); f/u on SBO (small bowel obstruction); This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); worsening pruritus of; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT.; This study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	18	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	14 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	21 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; 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.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; There has not been any treatment or conservative therapy.; Elevated Tumor Markers; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; There has not been any treatment or conservative therapy.; She has new onset anemia and profound weight loss, fatigue, abdominal pain, and SOB.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Will upload clinicals; There has been treatment or conservative therapy.; Will upload clinicals; Will upload clinicals; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	DILATED COMMON & INTRAHEPATIC BILE DUCTS. ECHOGENIC DEBRIS SEEN IN COMMON BILE DUCT. RADIOLOGIST RECOMMENDS MRI OF HEPATOBILARY SYSTEM AND MRCP TO IMPROVE UPON CHARACTERIZATION.; This study is being ordered for Inflammatory/ Infectious Disease.; DILATED COMMON & INTRAHEPATIC BILE DUCTS. ECHOGENIC DEBRIS SEEN IN COMMON BILE DUCT. RADIOLOGIST RECOMMENDS MRI OF HEPATOBILARY SYSTEM AND MRCP TO IMPROVE UPON CHARACTERIZATION.; There has not been any treatment or conservative therapy.; RUQ PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt went to emergency room last night and had CT which recommended further review Looking for diverticulitis Symptoms: abdominal pain nausea and fever CT results - suspected 5mm utern fibroid and right ovarian lesion; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the spleen during a previous CT, MRI or Ultrasound.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Radiology Services Denied Not Medically Necessary	History of colon perforation and history of failed colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Essential hypertension; This is a request for a CT scan for evalutation of coronary calcification.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	R/O CAD; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 10/7/2019; There has been treatment or conservative therapy.; edema; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	will add clinicals; This study is being ordered for Vascular Disease.; prior to 4/1/2021; It is not known if there has been any treatment or conservative therapy.; High MPV, pain, fatigue, unsteady gait; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the abdominal arteries.	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Gallstones seen on ABD US, needing further evaluation with HIDA Scan.; Requestor has decided to proceed with the unlisted code.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	40-year-old female smoker with a history of GERD fibromyalgia depression and anxiety complains of remittent but constant lower substernal chest pain and bilateral subcostal abdominal pain for the last 3 days. Patient states that the pain is worse with ex; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain w/sob, palpitations. Family h/o CAD. Occurs at rest. Father died from heart attack at age 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain, unspecified type recently diagnosed with hyperthyroidism and a heart murmur.experiencing some SOB as well as some intermittent chest pain- none here in office today;BP elevated so we'll start on lisinopril.Current everyday smoker Benign hype; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Donna S Walter is a 56 y.o. female presents for follow-up as requested after establishing care. EKG obtained revealing a right bundle branch block concerning for inferior ischemia. Patient denies any chest pains or shortness of breath today. Denies any; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Left ventricle: The cavity size is normal. Wall thickness is;mildly increased. Systolic function is normal. The estimated;ejection fraction is 62%. Although no diagnostic regional wall;motion abnormality is identified, this possibility cannot be;comp; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Needs to see if pt has a heart condition, setting up with cardiologist but they want test done first; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/17/21; There has been treatment or conservative therapy.; Chest pain, pressure, tightness, fatigue, heart palpitations; Medicine for chest pain, nitroglycerin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA; This study is being requested for an other solid tumor; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy has NOT substantiated the cancer type	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	MRI Brain for seizure like activity, confusion after episode. Reports having several episodes. She did urinate on herself during an episode. She has had a severe headache for at least a week. Pt has no history of migraines. Pt also having some nausea ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary embolism.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	6	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	7	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was not listed	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is described as grade 3/6 or greater; There are NO clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 16-34 years old.; The member has NOT tested positive for Coronavirus (Covid 19)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; 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) indicatvie of heart disease.; It has been at least 24 months since the last echocardiogram was performed.; The patient has high blood pressure	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	6	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; It is unknown if this is being ordered for initial diagnosis of congenital heart disease, Annual follow up of congenital heart disease or Evaluation of change of clinical status.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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 Pulmonary Hypertension.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	Needs to see if pt has a heart condition, setting up with cardiologist but they want test done first; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/17/21; There has been treatment or conservative therapy.; Chest pain, pressure, tightness, fatigue, heart palpitations; Medicine for chest pain, nitroglycerin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Radiology Services Denied Not Medically Necessary	Patient has a history of Cholecystectomy and severe upper abdominal pain; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Disapproval	S8042 MAGNETIC RESONANCE IMAGING LOW-FIELD	Radiology Services Denied Not Medically Necessary	; This is a request for a low field strength MRI	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	General/Family Practice	Withdrawal	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	patient had abnormal mri of the brain recommending neck mra; This is a request for a Neck MR Angiography.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moya-moya disease.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	2010; There has been treatment or conservative therapy.; decreased appetite and intolerance to solid foods. She is only able to tolerate Ensure & supplemental vitamins. Unexplained weight loss She has lost a total of 16 pounds since October; Gastroparesis Failed treatment with Reglan and Domperidone in the past. Continue to drink ensure and follow gastroparesis diet plan. Ensure TID Will do a trial of high dose sublingual Zofran three times daily before meals options right now are limited ; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 is patient being started on or is already on another medication not listed above	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		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 is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	2010; There has been treatment or conservative therapy.; decreased appetite and intolerance to solid foods. She is only able to tolerate Ensure & supplemental vitamins. Unexplained weight loss She has lost a total of 16 pounds since October; Gastroparesis Failed treatment with Reglan and Domperidone in the past. Continue to drink ensure and follow gastroparesis diet plan. Ensure TID Will do a trial of high dose sublingual Zofran three times daily before meals options right now are limited ; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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 complains of weakness including numbness and tingling in her legs and feet.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, 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.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Geriatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is described as grade 3/6 or greater; There are NO clinical symptoms supporting a suspicion of structural heart disease; This is a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there has been any treatment or conservative therapy.; hx of stage III, triple negative, breast cancer; new onset abd pain, back pain, chest wall pain, nausea, and weight loss; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material	4/15/2015; There has been treatment or conservative therapy.; treatment of her metastatic breast cancer. She is in a wheelchair (due to parkinsons tremors) and is unaccompanied to clinic. Feeling well today overall. Reports occasional nausea, no vomiting, relieved by zofran.; starting cycle 5 chemotherapy; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material	2019; There has been treatment or conservative therapy.; recurrence 6/2021;; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Adnexal mass, follow up ;adnexal mass; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Neoplasm: cervix ;cervical cancer; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in the bladder.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; It is not known if there has been any treatment or conservative therapy.; hx of stage III, triple negative, breast cancer; new onset abd pain, back pain, chest wall pain, nausea, and weight loss; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	4/15/2015; There has been treatment or conservative therapy.; treatment of her metastatic breast cancer. She is in a wheelchair (due to parkinsons tremors) and is unaccompanied to clinic. Feeling well today overall. Reports occasional nausea, no vomiting, relieved by zofran.; starting cycle 5 chemotherapy; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	2019; There has been treatment or conservative therapy.; recurrence 6/2021;; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	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).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.);". The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; cardiotoxic chemotherapy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for another solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	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.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	08/27/20; There has been treatment or conservative therapy.; fatigue, vaginal bleeding, nausea, neuropathy, mouth sores; chemotherapy; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Staging uterine cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	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.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	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.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	08/27/20; There has been treatment or conservative therapy.; fatigue, vaginal bleeding, nausea, neuropathy, mouth sores; chemotherapy; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Gynecologic 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.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic 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.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	Staging uterine cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Gynecologic Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		For restaging evaluation of hodgkin's lymphoma post 6 cycles of chemotherapy; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		Malignant neoplasm of right ovary RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		Malignant neoplasm of upper-inner quadrant of right female breast; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	Patient has Spine lesions which are concerning for mets. Patient also has unintentional weight loss and a collapsed vertebra.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	Restaging evaluation of primary mediastinal DBLCL post completion of chemotherapy and radiation to asses for remission vs residual disease; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	restaging, esophageal; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	21	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 history of cancer.; Headache best describes the reason that I have requested this test.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	9	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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"; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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"; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	22 months post therapy for nasal Mature NK/T-cell Lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	CT Scans for Reason:Marginal zone Lymphoma. Response to treatment; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Follow up of past surgery; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	For restaging evaluation of hodgkin's lymphoma post 6 cycles of chemotherapy; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Malignant neoplasm of supraglottis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Malignant neoplasm of tonsillar fossa; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Patient has Spine lesions which are concerning for mets. Patient also has unintentional weight loss and a collapsed vertebra.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Personal history of non-Hodgkin lymphomas; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Personal history of non-Hodgkin lymphomas. POST CHEMOTHERAPY; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Restaging evaluation of primary mediastinal DBLCL post completion of chemotherapy and radiation to asses for remission vs residual disease; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	restaging, esophageal; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	11 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	22 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	24 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	unintentional weight loss of 10 pounds over the last 1 year, H/O testicular cancer; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	20 year old male newly diagnosed with testicular cancer with probable lung metastasis (pathology pending); One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	35 year old with history of Hodgkin's lymphoma now in remission. Post treatment PET CT showed "Asymmetric hypermetabolic activity of the left temporalis region which may be related to left zygomatic bone lesion, with similar hypermetabolic activity to pr; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Concentration issue - she c/o difficulty concentrating recently. Her mother died a few weeks ago in a NH. She is upset about this since she had not seen her since March. She is upset about this. She c/o difficulty concentrating and relates this to her mot; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	EVALUATE NEWLY DIAGNOSED LUNG CANCER AND COMPLETE INTIAL WORK UP; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	follow-up comparison; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	for full restaging evaluation of stage IV recurrent metastatic renal cell carcinoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	none; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	recent breast mass with abnormal CT imaging concerning for metastasis along with pathology report positive for stage IV malignancy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	2	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.	40 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Will fax clinicals for PET scan.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	1. A few, noncalcified, solid pulmonary nodules are present and measure up to 0.5 cm in size. These are all likely benign in nature but follow-up chest CT in 6-12 months to assess for stability is recommended.; 2. Emphysema.; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	22 months post therapy for nasal Mature NK/T-cell Lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	48 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	21 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was negative.; The member does NOT have a complication of suspected Covid-19.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	After further questioning I found that the patient received her Covid vaccine in the left arm a week prior to this PET/CT and for that I am;concerned the finding of the PET/CT may present a reactivation of the lymph node which correlated to the site of i; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain 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 beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	cirrhosis AND swelling, pain in neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	CT Chest to follow up on right upper lobe pulmonary nodule seen on previous scans; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	CT Scans for Reason:Marginal zone Lymphoma. Response to treatment; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	CT-Chest of 3-3-2021 showed peripheral nodule in left lower lobe that is indeterminate. IT is lung-RADS category 4A and requires a short term interval follow up.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	decreased white blood cells, abnormal finding of lung; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Diffuse large B-cell lymphoma of intra-abdominal lymph nodes.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Follow up of past surgery; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	For restaging evaluation of hodgkin's lymphoma post 6 cycles of chemotherapy; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Malignant neoplasm of supraglottis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Malignant neoplasm of tonsillar fossa; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	MESTITIS. TO MAKE THE PLAN FOR HIS CHEMO THERAPY; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Mild to moderate emphysematous changes in the lungs. Scattered small noncalcified;pulmonary nodules measuring up to 4.4 mm adjacent to the minor fissure.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Mild to moderate emphysematous changes in the lungs. Scattered small noncalcified;pulmonary nodules measuring up to 4.4 mm adjacent to the minor fissure.;Lung RADS category 2. Recommend one year follow-up low-dose chest CT.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	NEWLY DIAGNOSED RECTAL MASS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	PATIENT HAS CHRONIC COUGH; SUSPECT FOR MATASTASIS; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Patient has leukocytosis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Patient has Spine lesions which are concerning for mets. Patient also has unintentional weight loss and a collapsed vertebra.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Pt has ductal carcinoma in situ of left breast w/microinvasive component; lung nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	PULMONARY NODULE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	re-evaluation pULMONARY NODULE; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Reason:elevated wbc to rule out infection; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Restaging evaluation of primary mediastinal DBLCL post completion of chemotherapy and radiation to asses for remission vs residual disease; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Schedule CT chest lung screen due to 30+ pack year of smoking; A Chest/Thorax CT is being ordered.; 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 a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Suspected physiologic erythrocytosis due to smoking. Get CT scan of chest without contrast for cough. Fibroscan due to history of alcohol dependency and elevated LFT. JAK-2, EPO and pulmonary function test. I suspect the elevated ferritin is due to alc; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	49 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	70 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	188 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	19 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	29 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	47 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	unintentional weight loss of 10 pounds over the last 1 year, H/O testicular cancer; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Unknown; It is not known if there has been any treatment or conservative therapy.; Right axillary swelling, axillary lymphadenopathy, Dyspnea on exertion, Edema, joint pain, neck pain; 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	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Waldenstroms; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Will upload clinicals; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	8 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	9	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72128 Computed tomography, thoracic spine; without contrast material	This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine CT.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.;" The study is being ordered due to known tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 being ordered to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Follow up treatment of Cancer, Metastatic disease, Malignancy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	7	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; The reason for ordering this test is Known or suspected infection or abscess	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 being ordered to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Follow up treatment of Cancer, Metastatic disease, Malignancy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	8	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 being ordered to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Follow up treatment of Cancer, Metastatic disease, Malignancy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	7	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 infection or abscess	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72192 Computed tomography, 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ANORECTAL NEOPLASM SEEN ON CT ABDOMEN/PELVIS; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Assess due to elevated PSA.; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Malignant neoplasm of rectosigmoid junction; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	10	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in the uterus.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	14	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	73700 Computed tomography, lower extremity; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Known tumor was noted as an indication for knee imaging	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	13	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	3-1-2021 PATIENT NOTED BEGINNING TO GAIN WEIGHT AND HAD ABDOMINAL DISTENSION; There has not been any treatment or conservative therapy.; 22 POUND UNINTENTIONAL WEIGHT GAIN IN PAST 6 WEEKS, DISTENDED HARD ABDOMEN, ACQUIRED THROBOCYTOPENIA, ABNORMAL U/S SHOWED ASCITES; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	cirrhosis AND swelling, pain in neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	CT Scans for Reason:Marginal zone Lymphoma. Response to treatment; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Diffuse large B-cell lymphoma of intra-abdominal lymph nodes.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Follow up of past surgery; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	For restaging evaluation of hodgkin's lymphoma post 6 cycles of chemotherapy; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Malignant neoplasm of tonsillar fossa; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has Spine lesions which are concerning for mets. Patient also has unintentional weight loss and a collapsed vertebra.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Restaging evaluation of primary mediastinal DBLCL post completion of chemotherapy and radiation to asses for remission vs residual disease; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	49 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	69 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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	188	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	19	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	44	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; 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	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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.; Yes this is a request for a Diagnostic CT ; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is being requested for abdominal and/or pelvic pain.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; 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.; Yes this is a request for a Diagnostic CT ; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); unknown; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; 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.	23 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unintentional weight loss of 10 pounds over the last 1 year, H/O testicular cancer; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; There has not been any treatment or conservative therapy.; Thrombocytopenia, jaundice, Vitamin B-12 deficiency, abnormal LFT.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 follow-up trauma.; The ordering physician is a gastroenterologist or surgeon.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.; The patient is NOT presenting new signs or symptoms.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being ordered for staging.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if there is suspicion of metastasis.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NO suspicion of metastasis.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Abnormal findings; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	; This is a request for an MRI Bone Marrow.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Enter answer here - or Type In Unknown If No Info Given. This is a request for an MRI Bone Marrow.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	routine follow up to chemo; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	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.; SOB, HEADACHES, DIFFICULTY SLEEPING	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	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.; stem cell transplant workup	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.);"; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; Heart failure, follow up;monitor EF, on her2 therapy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; It is not known if there is a change in cardiac signs or symptoms.; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; Enter answer here - or Type In Unknown If No Info Given. &gt;	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; The patient has not recently been diagnosed with and/or treated for congestive heart failure.; The patient is presenting new cardiac signs or symptoms.; The patient had a recent MI.; ABNORMAL RECENT EKG; Sinus tachycardia Cannot rule out Anterior infarct, Abnormal ECG	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	20 year old male newly diagnosed with testicular cancer with probable lung metastasis (pathology pending); One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	EVALUATE NEWLY DIAGNOSED LUNG CANCER AND COMPLETE INTIAL WORK UP; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	for full restaging evaluation of stage IV recurrent metastatic renal cell carcinoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	routine follow up to chemo; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colorectal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Assess for disease response to treatment, breast cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Malignant neoplasm of right ovary RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Malignant neoplasm of upper-inner quadrant of right female breast; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Personal history of non-Hodgkin lymphomas; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	recent breast mass with abnormal CT imaging concerning for metastasis along with pathology report positive for stage IV malignancy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colorectal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for another solid tumor.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	8	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; It is unknown if a sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being requested for Melanoma.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was NOT performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being requested for Melanoma.; This is a Medicare member.; This study is being requested for None of the above; It is unknown if a sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being requested for Melanoma.; This is NOT a Medicare member.; It is unknown if a sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Will fax clinicals for PET scan.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	CLL, fatigue; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Evaluation of LVEF due to chemotherapy.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Lower extremity edema with long term drug therapy; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	PALPITATIONS PATIENT ON CHEMO; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient has a recurrence of breast cancer, and the breast cancer came back in a more aggressive type of breast cancer. wants to assess her cardiac function; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	PATIENT HAS HAD CARDIOTOXIC CHEMOTHERAPY.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient with new onset of shortness of breath concerning for pulmonary embolism. Patient has received systemic chemotherapy for colorectal cancer, evaluation of left ventricular function necessary.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Pt to begin cardiotoxic chemo next week need baseline cardiac scan prior to treatment; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 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).	7	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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).	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Treatment will include Sutent which has severe cardiac side effects. Echo is needed to evaluate current cardiac values can withstand planned drug therapy.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	For evaluation of hypercalcemia with adenopathy; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	cirrhosis AND swelling, pain in neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	For evaluation of hypercalcemia with adenopathy; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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.; June 2010; It is not known if there has been any treatment or conservative therapy.; Hx of Sickle Cell with low conditional immanent TCD; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Other nonspecific abnormal finding of lung field; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 2010; It is not known if there has been any treatment or conservative therapy.; Hx of Sickle Cell with low conditional immanent TCD; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	3-1-2021 PATIENT NOTED BEGINNING TO GAIN WEIGHT AND HAD ABDOMINAL DISTENSION; There has not been any treatment or conservative therapy.; 22 POUND UNINTENTIONAL WEIGHT GAIN IN PAST 6 WEEKS, DISTENDED HARD ABDOMEN, ACQUIRED THROBOCYTOPENIA, ABNORMAL U/S SHOWED ASCITES; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	07/29/2019; There has been treatment or conservative therapy.; Elevated blood work. D-dimer has been monitored monthly and is now 0.83. Before restarting blood thinner, MD wants to review new scans. No history of scans in chart.; On aspirin. D-dimer trending down from 1.82 to 1.34 to 0.85. However hypercoagulable workup was negative but liver function AST/SGOT was 70 at last visit.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Assess for disease response to treatment, breast cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain 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 benign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	For evaluation of hypercalcemia with adenopathy; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Other nonspecific abnormal finding of lung field; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; There has not been any treatment or conservative therapy.; Thrombocytopenia, jaundice, Vitamin B-12 deficiency, abnormal LFT.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	Restaging Multiple Myeloma after chemo; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	EVALUATE DUE TO PROGRESSIVE NECK/SPINE PAIN.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	EVALUATE DUE TO PROGRESSIVE NECK/SPINE PAIN.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	SPLENOMEGALY ON CT DONE 4/28/21; 4/28/21; There has not been any treatment or conservative therapy.; LUQ PAIN RADIATING TO LEFT SCAPULA;ENLARGED SPLEEN; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	SPLENOMEGALY ON CT DONE 4/28/21; 4/28/21; There has not been any treatment or conservative therapy.; LUQ PAIN RADIATING TO LEFT SCAPULA;ENLARGED SPLEEN; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	For evaluation of hypercalcemia with adenopathy; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	EVALUATE DUE TO PROGRESSIVE NECK/SPINE PAIN.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	History of multioctal venous malformation. Recent intervention was excision on 1/31/21; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	For evaluation of hypercalcemia with adenopathy; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Hematologist/Oncologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	07/29/2019; There has been treatment or conservative therapy.; Elevated blood work. D-dimer has been monitored monthly and is now 0.83. Before restarting blood thinner, MD wants to review new scans. No history of scans in chart.; On aspirin. D-dimer trending down from 1.82 to 1.34 to 0.85. However hypercoagulable workup was negative but liver function AST/SGOT was 70 at last visit.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Other nonspecific abnormal finding of lung field; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); ABNORMAL BLOODWORK; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Acute embolism and thrombosis of unspecified;deep veins of left lower extremity; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; It is not known if there has been any treatment or conservative therapy.; Right axillary swelling, axillary lymphadenopathy, Dyspnea on exertion, Edema, joint pain, neck pain; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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 Known Tumor.; This study is being ordered for staging.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	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 liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	For restaging evaluation of primary mediastinal DBLCL post completion of chemotherapy and radiation to asses for remission vs residual disease.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colorectal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy has NOT substantiated the cancer type	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; It is unknown if a sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	NEWLY DIAGNOSED RECTAL MASS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Personal history of non-Hodgkin lymphomas. POST CHEMOTHERAPY; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colorectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colorectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for another solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); It is unknown if a biopsy substantiated the cancer type	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	8	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; It is unknown if a sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hematologist/Oncologist	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 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).	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hospital	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hospital	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Hospital	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hospital	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Hospital	Disapproval	73720 Magnetic resonance (eg, proton) imaging, 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Industrial 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.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Industrial Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for trauma or injury.; 4/6/2021; There has been treatment or conservative therapy.; Assessment & Plan;1. Lower back pain: Patient stated that physical therapy did not relieve her pain whatsoever. We discussed options for further evaluation and treatment, will order MRI of the thoracic and lumbar spine since previous x-rays were abnormal; Medication and ;Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Industrial 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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Industrial Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 4/6/2021; There has been treatment or conservative therapy.; Assessment & Plan;1. Lower back pain: Patient stated that physical therapy did not relieve her pain whatsoever. We discussed options for further evaluation and treatment, will order MRI of the thoracic and lumbar spine since previous x-rays were abnormal; Medication and ;Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for trauma or injury.; 4/6/2021; There has been treatment or conservative therapy.; Assessment & Plan;1. Lower back pain: Patient stated that physical therapy did not relieve her pain whatsoever. We discussed options for further evaluation and treatment, will order MRI of the thoracic and lumbar spine since previous x-rays were abnormal; Medication and ;Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		03/18/2021; There has not been any treatment or conservative therapy.; There is redemonstration of the fluid collection within the right groin lymph node which now measures 4.6 x 5.6 x 5.5; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material		FOLLOW UP EVALUATION WITH HISTORY OF EMPYEMA & Pleural effusion f/u empyema; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	pulmonary aspergillosis.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	This is a follow up CT scan to check for recurrence; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	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 have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for osteomyelitis.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	03/18/2021; There has not been any treatment or conservative therapy.; There is redemonstration of the fluid collection within the right groin lymph node which now measures 4.6 x 5.6 x 5.5; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	02/2021; There has been treatment or conservative therapy.; Shortness of breath, dyspnea on exertion, chest tightness, heartburn, nausea, productive cough, left side abdominal pain, after eating, shooting pain that is steady all day, dysphagia; Celebrex 200 mg one daily with followup where he reports some relief.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	11/2020; There has been treatment or conservative therapy.; Tremors headaches weight loss weakness; Medicine, lumbar puncture; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Fever, symptomatic HIV infection, Lymphadenopathy, chest or axilla ;Lymphadenopathy, inguinal/pelvic; There has been treatment or conservative therapy.; Fever, symptomatic HIV infection, Lymphadenopathy, chest or axilla ;Lymphadenopathy, inguinal/pelvic; Fever, symptomatic HIV infection, Lymphadenopathy, chest or axilla ;Lymphadenopathy, inguinal/pelvic; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluate for osteomyelitis ;;Chronic osteomyelitis of cervical spine ;;Chronic osteomyelitis of pelvis, unspecified laterality ;;Other chronic osteomyelitis, unspecified site; 11/26/2018; There has been treatment or conservative therapy.; Pain; Surgery and antibiotic therapy; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluate for osteomyelitis ;;Chronic osteomyelitis of cervical spine ;;Chronic osteomyelitis of pelvis, unspecified laterality ;;Other chronic osteomyelitis, unspecified site; 11/26/2018; There has been treatment or conservative therapy.; Pain; Surgery and antibiotic therapy; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient with history of osteomyelitis of spine and pubic symphysis, now with right shoulder/shoulder blade pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	02/2021; There has been treatment or conservative therapy.; Shortness of breath, dyspnea on exertion, chest tightness, heartburn, nausea, productive cough, left side abdominal pain, after eating, shooting pain that is steady all day, dysphagia; Celebrex 200 mg one daily with followup where he reports some relief.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	11/2020; There has been treatment or conservative therapy.; Tremors headaches weight loss weakness; Medicine, lumbar puncture; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Fever, symptomatic HIV infection, Lymphadenopathy, chest or axilla ;Lymphadenopathy, inguinal/pelvic; There has been treatment or conservative therapy.; Fever, symptomatic HIV infection, Lymphadenopathy, chest or axilla ;Lymphadenopathy, inguinal/pelvic; Fever, symptomatic HIV infection, Lymphadenopathy, chest or axilla ;Lymphadenopathy, inguinal/pelvic; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Infectious Diseases	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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' describes the headache's character.; Headache best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 with neurologic symptoms/findings best describes the reason that I have requested this test.	5 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 history of cancer.; Headache best describes the reason that I have requested this test.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Pt had TIA; This study is being ordered for a neurological disorder.; 05/02/2021; There has been treatment or conservative therapy.; sudden transient loss of vision in the left eye and some confusion x one hour; pt was seen at an urgent care clinic and was given zofran and meclizine on 05/02/2021; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Pt had TIA; This study is being ordered for a neurological disorder.; 05/02/2021; There has been treatment or conservative therapy.; sudden transient loss of vision in the left eye and some confusion x one hour; pt was seen at an urgent care clinic and was given zofran and meclizine on 05/02/2021; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal 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 neoplasm, tumor or metastasis	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	The patient had a stroke in the last month.; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has been a recent (less than 2 week) neck or carotid artery ultrasound.; The ultrasound showed stenosis or narrowing of the artery.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	The patient had a stroke in the last month.; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has been a recent (less than 2 week) neck or carotid artery ultrasound.; The ultrasound showed stenosis or narrowing of the artery.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	15 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 'None of the above' describe the headache's character.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	13 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; New onset within the past month describes the headache's character.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 infection best describes the reason that I have requested this test.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	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 a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' 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).; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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).; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	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).; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	5/28/2021; There has been treatment or conservative therapy.; abdominal pain, left and right Jackson flat drains; antibiotic and treatments; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; 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 a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	ABNORMAL CHEST XRAY 6/24: SHOWED LARGE RIGHT PLEURAL EFFUSION AND PULMONARY NODULE IN LEFT LOWER LOBE.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	14 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Calcified granuloma of lung;SOB; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	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).; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	December 15, 2018; There has been treatment or conservative therapy.; hx of retroperitoneal liposarcoma with recurrence. Has missed last surveillance CT and follow up0 with Onc. Complains of abdominal twisting sensation somewhat similar to prior symptoms; ; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	LUNG NODULE; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Mass ;pt c/o mass on his lt side of chest, X 2 weeks, states it hurts when he cough or to the touch.Small density at the right upper lung/posterior rib may relate to;artifact from confluence of shadows/vessel or granuloma.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient had chest xray today showing development of a left lung mass measuring 10x14mm. Recommended CT follow up.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient has prior remote history of smoking for approximately 10 years, with prior history and recent cough would like further workup; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient is a 57-year-old female with recurrent metastatic low-grade endometrial stromal sarcoma initial stage FIGO stage Ia. She had local regional recurrence noted in May 2020. Vesicovaginal fistula was repaired followed by medroxyprogesterone for 4 mont; There has been treatment or conservative therapy.; Progression of disease; Second line ifosfamide and adriamycin; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Per 5/28 A/P CT: increase in size of right rectus implant and left omental mass;Per 5/28 Chest CT: bilateral pulmonary nodules increased 20-30% in size since Marth 16,2021 study Restaging images for uterine sarcoma after 2 cycles of chemotherapy, after J; There has been treatment or conservative therapy.; Per 5/28 A/P CT: increase in size of right rectus implant and left omental mass;Per 5/28 Chest CT: bilateral pulmonary nodules increased 20-30% in size since March 16, 2021 study;Restaging uterine sarcoma after 2 cycles of chemotherapy, after July 19th; Ifosfamide, Mesna, Doxorubicin; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	tennis ball size mass in sternum; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal 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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal 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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Unable to determine if this is splenic in nature or an underlying mass; This study is being ordered for Vascular Disease.; April 2021; There has not been any treatment or conservative therapy.; limited urination, nausea, vomiting, diarrhea, dysuria, distension in abdomen, abdominal tenderness, mass in abdomen - felt in LUQ extending inferiorly into the LMQ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	unknown; A Chest/Thorax CT is being ordered.; 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 a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	CT head is because patient is having vascular headaches rule out right cranial aneurism. Patient feeling weak and fatigued. Light headed when standing.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	LDCT 2/2021 LUNG RADS 4A-3 mo f/u due; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT had a Low Dose CT for Lung Cancer Screening 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	35	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 NOT had a Low Dose CT for Lung Cancer Screening 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	9	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	right lower lobe lung mass r91.8; The patient is over 17 years old.; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known or Suspected Congenital Abnormality.; It is not known whether the abnormality is of a cardiac or non-cardiac nature.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	SHORTNESS OF BREATH;ELEVATED D-DIMER; The patient is over 17 years old.; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a non-cardiac nature.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	7	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for staging.; This is a request for a chest MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; This study is being ordered due to suspected tumor with or without metastasis.; There is evidence of tumor or metastasis on a bone scan or x-ray.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material	Continuous pain shooting in legs, previous xray shows compression in Tspine. Unexplained weakness in gait and legs.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material	patient has a compression fracture and is needing a Kyphoplasty for pain control; The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine CT.; There has not been a supervised trial of conservative management for at least 6 weeks.; The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT.; The study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	Continuous pain shooting in legs, previous xray shows compression in Tspine. Unexplained weakness in gait and legs.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal 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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. October 2020; There has been treatment or conservative therapy.; Sciatica pain on L side from gluteal region to knee. Weakness and numbness, pins and needles below knee to foot.; Spinal injections, Tylenol/ibuprofen, Aleve.Muscle relaxers; This study is being ordered for Multiple Sclerosis	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Known or suspected infection or abscess	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 New symptoms of paresthesia evaluated by a neurologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Trauma or recent injury; The patient had a diagnostic test (such as EMG/nerve conduction) 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Focal upper extremity weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. October 2020; There has been treatment or conservative therapy.; Sciatica pain on L side from gluteal region to knee. Weakness and numbness, pins and needles below knee to foot.; Spinal injections, Tylenol/ibuprofen, Aleve.Muscle relaxers; This study is being ordered for Multiple Sclerosis	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	PT HAS CARCINOID CANCER, HAS BEEN HAVING WORSENING MID - LOW BACK PAIN FOR THE PAST 2-4 WEEKS, MRI TO EVALATE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal 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 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.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There has not been a recurrence of symptoms following surgery.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal 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 Known Tumor with or without metastasis	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	PT HAS CARCINOID CANCER, HAS BEEN HAVING WORSENING MID - LOW BACK PAIN FOR THE PAST 2-4 WEEKS, MRI TO EVALATE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Trauma or recent injury	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	9	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); The patient has None of the above	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Abnormal Reflexes	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Focal extremity weakness	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 None of the above	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	sclerosis noted on right SI joint more prominent in iliac bone - sacroillitis suspected - MRI requested for further evaluation due to increasingly worsening symptoms; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)	follow up; This study is being ordered for Vascular Disease.; 03/31/2021; There has been treatment or conservative therapy.; inflammation in the abdominal aorta at level of renal artery bifurcation; steroid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not an orthopedist.; There is a history of upper extremity trauma or injury.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicion of upper extremity bone or soft tissue infection.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	patient had physical therapy at time of fall, but this did not help. she has had loss of strength and grip strength along with pain at night while sleeping and has headaches; This study is being ordered for trauma or injury.; Unknown exact date, the fall happened 1 year ago; There has been treatment or conservative therapy.; Left shoulder and Upper extremity pain with numbness, tingling, radicular pain, impingement; Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; It is not known what type of medication the patient received.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	2 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	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 six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not being ordered for foot pain, known dislocation, infection, suspected fracture, known fracture, pre op, post op or a known/palpated mass.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 arthrscopy is not scheduled in the next 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	2-3 months prior to ov on 6/14/21 for lightheadedness. on 6/13/21 was 1st episode of syncope. witnessed syncope.30 lbs weight loss pt has palpitations, night sweats, heat intolerance. omeprazole has not helped nausea significant dizziness associated with ; There has been treatment or conservative therapy.; dizzy, lightheaded, nausea, syncope, weight loss, headache; 6/14/21 -omeprazole 40 mg- medical marijuana.;;6/23/21 - omedansetron tablet disintegrating 8mg; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	5/28/2021; There has been treatment or conservative therapy.; abdominal pain, left and right Jackson flat drains; antibiotic and treatments; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	December 15, 2018; There has been treatment or conservative therapy.; hx of retroperitoneal liposarcoma with recurrence. Has missed last surveillance CT and follow up0 with Onc. Complains of abdominal twisting sensation somewhat similar to prior symptoms; ; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is a 57-year-old female with recurrent metastatic low-grade endometrial stromal sarcoma initial stage FIGO stage Ia. She had local regional recurrence noted in May 2020. Vesicovaginal fistula was repaired followed by medroxyprogesterone for 4 mont; There has been treatment or conservative therapy.; Progression of disease; Second line ifosfamide and adriamycin; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Per 5/28 A/P CT: increase in size of right rectus implant and left omental mass;Per 5/28 Chest CT: bilateral pulmonary nodules increased 20-30% in size since Marth 16,2021 study Restaging images for uterine sarcoma after 2 cycles of chemotherapy, after J; There has been treatment or conservative therapy.; Per 5/28 A/P CT: increase in size of right rectus implant and left omental mass;Per 5/28 Chest CT: bilateral pulmonary nodules increased 20-30% in size since March 16, 2021 study;Restaging uterine sarcoma after 2 cycles of chemotherapy, after July 19th; Ifosfamide, Mesna, Doxorubicin; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); CHRONIC NAUSEA; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	12 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unable to determine if this is splenic in nature or an underlying mass; This study is being ordered for Vascular Disease.; April 2021; There has not been any treatment or conservative therapy.; limited urination, nausea, vomiting, diarrhea, dysuria, distension in abdomen, abdominal tenderness, mass in abdomen - felt in LUQ extending inferiorly into the LMQ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if there is suspicion of metastasis.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	follow up; This study is being ordered for Vascular Disease.; 03/31/2021; There has been treatment or conservative therapy.; inflammation in the abdominal aorta at level of renal artery bifurcation; steroid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; Yes, this study is being ordered to evaluate a suspected silicone implant rupture.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	PATIENT WAS UNABLE TO COMPLETE TEH BASIC TREADMILL STUDY; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 history of Coronary Artery Bypass Surgery (CABG); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; The ordering MDs specialty is not Cardiology or Cardiac Surgery	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for pre-operative evaluation.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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 asymptomatic	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was not listed	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; 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 a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is NOT being ordered by a Cardiologist.; Other than listed above best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		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 is patient being started on or is already on another medication not listed above	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	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.; patient is having memory loss she was seen in our clinic yesterday; There has not been any treatment or conservative therapy.; memory loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had two falls within the past few weeks and is having multiple symptoms as listed in previous comment due to these falls.; This study is being ordered for trauma or injury.; unkown, was after 04/01/2021 and note states several weeks; There has not been any treatment or conservative therapy.; Neck pain, radicular shoulder pain, occiput pain, vision changes, headache.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 immune-compromised.; Yes this is a request for a Diagnostic CT	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	3	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is 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.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	CT head is because patient is having vascular headaches rule out right cranial aneurism. Patient feeling weak and fatigued. Light headed when standing.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the Neck.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	low back; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	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 vision changes.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Neck MR Angiography.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	low back; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Changing neurologic symptoms best describes the reason that I have requested this test.	7 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	01/15/2021; It is not known if there has been any treatment or conservative therapy.; UNINTENTIONAL WEIGHT LOSS, HTN.; 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	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	2-3 months prior to ov on 6/14/21 for lightheadedness. on 6/13/21 was 1st episode of syncope. witnessed syncope.30 lbs weight loss pt has palpitations, night sweats, heat intolerance. omeprazole has not helped nausea signifigant dizziness associated with ; There has been treatment or conservative therapy.; dizzy, lightheaded, nausea, syncope, weight loss, headache; 6/14/21 -omeprazole 40 mg- medical marijuana.;;6/23/21 - omedansetron tablet disintergrating 8mg; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	copd, hx of cancer, f/u CT to reassess; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	None; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	yellow phlem and congestion; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Acute left-sided low back pain with left-sided sciatica;Lumbar radiculopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical Radiculopathy; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	pain in neck that hurts to move neck in all directions, pain in left shoulder and pain radiates from neck into right upper arm; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had two falls within the past few weeks and is having multiple symptoms as listed in previous comment due to these falls.; This study is being ordered for trauma or injury.; unkown, was after 04/01/2021 and note states several weeks; There has not been any treatment or conservative therapy.; Neck pain, radicular shoulder pain, occiput pain, vision changes, headache.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal 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 due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Acute left-sided low back pain with left-sided sciatica;Lumbar radiculopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; 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.; Bilat LE weakness; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 2 months still pain; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient had physical therapy at time of fall, but this did not help. she has had loss of strength and grip strength along with pain at night while sleeping and has headaches; This study is being ordered for trauma or injury.; Unknown exact date, the fall happened 1 year ago; There has been treatment or conservative therapy.; Left shoulder and Upper extremity pain with numbness, tingling, radicular pain, impingement; Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has had Physical Therapy, muscle relaxer and pain meds; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Dermatomal sensory changes on physical examination	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; The pain did NOT begin within the past 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	TREATMENT PLANNING FOR ORTHO; This study is being ordered for Inflammatory/ Infectious Disease.; 11/19/2020; There has been treatment or conservative therapy.; LIMITED ROM, PAIN IN RIGHT ARM AND NECK, PMH, FIBROMYALGIA; MEDS / THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal 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 study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	in pain, upon exam needs MRI for further Tx aside pain meds.; 4/1/2021; There has been treatment or conservative therapy.; Low back pain, neuropathy left arm and left leg. thoracic pain. swelling left shoulder.; xray done. tylenol 4 for pain. Scheduling MRI for further evaluation; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	INFECTION AFTER SPINE INJECTION; 03/29/2021; There has been treatment or conservative therapy.; FEVER, CHILL, MUSCLE SPASM , DIFFICULT WALKING INCREASING PAIN; MEDICATION; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has had Physical Therapy, muscle relaxer and pain meds; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	TREATMENT PLANNING FOR ORTHO; This study is being ordered for Inflammatory/ Infectious Disease.; 11/19/2020; There has been treatment or conservative therapy.; LIMITED ROM, PAIN IN RIGHT ARM AND NECK, PMH, FIBROMYALGIA; MEDS / THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 05/11/2021; There has been treatment or conservative therapy.; Right hip pain started and pain generated down to leg and knee.; 5/11/2021 Prescribed Prednisone and on 5/12/2021 prescribed hydrocodone 5/325mg tab three times daily for pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	in pain, upon exam needs MRI for further Tx aside pain meds.; 4/1/2021; There has been treatment or conservative therapy.; Low back pain, neuropathy left arm and left leg. thoracic pain. swelling left shoulder.; xray done. tylenol 4 for pain. Scheduling MRI for further evaluation; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	INFECTION AFTER SPINE INJECTION; 03/29/2021; There has been treatment or conservative therapy.; FEVER, CHILL, MUSCLE SPASM , DIFFICULT WALKING INCREASING PAIN; MEDICATION; This study is being ordered for Inflammatory / Infectious Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	low back; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has had Physical Therapy, muscle relaxer and pain meds; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 None of the above	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	17 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 New symptoms of paresthesia evaluated by a neurologist	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	8 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	back pain w sciatica. hypersegmentation with vestigial;ribs on T12 and bilateral sacralization at L5 on Xray. need MRI for further eval.; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 04/28/2021; There has been treatment or conservative therapy.; swelling over thumb, wrist lost pain, free range of motion of thumb.; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 04/28/2021; There has been treatment or conservative therapy.; swelling over thumb, wrist lost pain, free range of motion of thumb.; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; 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.; Patient in a lot of pain.; The patient received medication other than joint injections(s) or oral analgesics.; Will upload clinicals	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has 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 medication other than joint injections(s) or oral analgesics.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not directed conservative treatment for the past 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	TREATMENT PLANNING FOR ORTHO; This study is being ordered for Inflammatory/ Infectious Disease.; 11/19/2020; There has been treatment or conservative therapy.; LIMITED ROM, PAIN IN RIGHT ARM AND NECK, PMH, FIBROMYALGIA; MEDS / THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal 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.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/11/2021; There has been treatment or conservative therapy.; Right hip pain started and pain generated down to leg and knee.; 5/11/2021 Prescribed Prednisone and on 5/12/2021 prescribed hydrocodone 5/325mg tab three times daily for pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not failed a 4 week course of conservative management in the past 3 months.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a kidney/ureteral stone.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	01/15/2021; It is not known if there has been any treatment or conservative therapy.; UNINTENTIONAL WEIGHT LOSS, HTN.; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); LOW BACK PAIN; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); PANCREATITIS; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Will fax in clinicals; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Can fax records; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; Patient has tachycardia and chest pain.; Patient is taking cholesterol lowering and heart medications as she has had previous heart attacks in the past.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt has a history of heart palpitations, chest pain, and 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 heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	right sided neck pain, fatigue and dizziness. Shortness of breath, patient feels like her heart is racy.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Other than listed above best describes the patients clinical presentation.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Can fax records; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; Patient has tachycardia and chest pain.; Patient is taking cholesterol lowering and heart medications as she has had previous heart attacks in the past.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; 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 a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is NOT described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Internal Medicine	Disapproval	S8042 MAGNETIC RESONANCE IMAGING LOW-FIELD	Radiology Services Denied Not Medically Necessary	; This is a request for a low field strength MRI	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Interventional Radiologists	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the brain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Interventional Radiologists	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the Neck.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Interventional Radiologists	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Nicotine dependence, cigarettes, uncomplicatedDefault170.8Atherosclerosis of other arteriesDefaultR05Cough; This study is being ordered for Vascular Disease.; 4/29/21; it is not known if there has been any treatment or conservative therapy.; Nicotine dependence, cigarettes, uncomplicatedDefault170.8Atherosclerosis of other arteriesDefaultR05Cough; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Interventional Radiologists	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; 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.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT ; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Interventional Radiologists	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Interventional Radiologists	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 initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Interventional Radiologists	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Interventional Radiologists	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Nicotine dependence, cigarettes, uncomplicatedDefault170.8Atherosclerosis of other arteriesDefaultR05Cough; This study is being ordered for Vascular Disease.; 4/29/21; it is not known if there has been any treatment or conservative therapy.; Nicotine dependence, cigarettes, uncomplicatedDefault170.8Atherosclerosis of other arteriesDefaultR05Cough; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Interventional Radiologists	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Interventional Radiologists	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Interventional Radiologists	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Interventional Radiologists	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Interventional Radiologists	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.; Yes this is a request for a Diagnostic CT.; 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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being ordered for staging.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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		Yes, this is a request for CT Angiography of the abdominal arteries.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Interventional Radiologists	Disapproval	70496 Computed tomographic angiography, head, 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 brain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/05/2021; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Interventional Radiologists	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/05/2021; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Interventional Radiologists	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Medical Genetics	Approval	72125 Computed tomography, cervical spine; without contrast material	Abnormal x-ray of cervical spine; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nephrology	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"; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nephrology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nephrology	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; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nephrology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient had an abnormal renal us with a cyst on her right kidney.; It is not known if there has been any treatment or conservative therapy.; see records; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nephrology	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nephrology	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 pre-operative evaluation.; Surgery is planned for within 30 days.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Nephrology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nephrology	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 blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nephrology	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Nephrology	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 Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		Follow up imaging post op Left carotid middle cerebral artery bypass; This study is being ordered for Vascular Disease.; 03/29/21; There has not been any treatment or conservative therapy.; Patient was seen in ER 03/29/21 with weakness that continued to worsen with episodes of confusion CT head 03/29/21 showed infarct left MCA ECA ;Complete occlusion of the proximal left MCA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected subarachnoid hemorrhagebest describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 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.; This is a Medicare member.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; 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.; This is NOT a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 with neurologic symptoms/findings best describes the reason that I have requested this test.	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has Fluid on the brain (hydrocephalus); Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological 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.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	3 month follow up; This study is being ordered for a neurological disorder.; 03/03/2021; There has been treatment or conservative therapy.; bad headaches, balance, dizziness, spinning sensation, walking to left side, unable to walk without assistance; changed medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	assess for any interval changes in this aneurysm.; This study is being ordered for a neurological disorder.; MRI finding of a small R ICA aneurysm that was discovered during workup of 3 episodes of transient L arm weakness and paresthasias that occurred in July.; There has not been any treatment or conservative therapy.; MRI finding of a small R ICA aneurysm that was discovered during workup of 3 episodes of transient L arm weakness and paresthasias that occurred in July.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Follow up imaging post op Left carotid middle cerebral artery bypass; This study is being ordered for Vascular Disease.; 03/29/21; There has not been any treatment or conservative therapy.; Patient was seen in ER 03/29/21 with weakness that continued to worsen with episodes of confusion CT head 03/29/21 showed infarct left MCA ECA ;Complete occlusion of the proximal left MCA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Follow up of right internal carotid artery cavernous segment aneurysm; This study is being ordered for Vascular Disease.; August 2020; There has been treatment or conservative therapy.; Unknown; Patient underwent left carotid axillary bypass on August 6, 2020 in addition to TAVR of descending thoracic aneurysm covering the left subclavian artery on August 7, 2020. Patient has been compliant with his antihypertensive medications. Requesting 6 mont; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	unknown; This study is being ordered for a neurological disorder.; 03/29/2021; There has been treatment or conservative therapy.; patient is having migrane headache, neck pain, dizziness, abnormal gait, blurry and double vision; patient has medication,physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	obtain a CTA head & neck for preoperative navigation and understanding the course of the vertebral arteries, with the latter determining the type of C2 screws used.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unk; There has been treatment or conservative therapy.; The patient has been experiencing progressive increase in neck pain since she experienced this last injury. The patient has a prior history of C3-C6 laminectomy performed at an outside hospital. I personally reviewed all imaging again on PACS. There is no; neck immobilization with aspen collar for 2 months. pain medications and over the counter medications, Tylenol and ibuprofen.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the brain.	10	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	3 month follow up; This study is being ordered for a neurological disorder.; 03/03/2021; There has been treatment or conservative therapy.; bad headaches, balance, dizziness, spinning sensation, walking to left side, unable to walk without assistance; changed medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	assess for any interval changes in this aneurysm.; This study is being ordered for a neurological disorder.; MRI finding of a small R ICA aneurysm that was discovered during workup of 3 episodes of transient L arm weakness and paresthasias that occurred in July.; There has not been any treatment or conservative therapy.; MRI finding of a small R ICA aneurysm that was discovered during workup of 3 episodes of transient L arm weakness and paresthasias that occurred in July.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Follow up imaging post op Left carotid middle cerebral artery bypass; This study is being ordered for Vascular Disease.; 03/29/21; There has not been any treatment or conservative therapy.; Patient was seen in ER 03/29/21 with weakness that continued to worsen with episodes of confusion CT head 03/29/21 showed infarct left MCA ECA ;Complete occlusion of the proximal left MCA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Follow up of right internal carotid artery cavernous segment aneurysm; This study is being ordered for Vascular Disease.; August 2020; There has been treatment or conservative therapy.; Unknown; Patient underwent left carotid axillary bypass on August 6, 2020 in addition to TAVR of descending thoracic aneurysm covering the left subclavian artery on August 7, 2020. Patient has been compliant with his antihypertensive medications. Requesting 6 mont; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	unknown; This study is being ordered for a neurological disorder.; 03/29/2021; There has been treatment or conservative therapy.; patient is having migrane headache, neck pain, dizziness, abnormal gait, blurry and double vision; patient has medication,physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	obtain a CTA head & neck for preoperative navigation and understanding the course of the vertebral arteries, with the latter determining the type of C2 screws used.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unk; There has been treatment or conservative therapy.; The patient has been experiencing progressive increase in neck pain since she experienced this last injury. The patient has a prior history of C3-C6 laminectomy performed at an outside hospital. I personally reviewed all imaging again on PACS. There is no; neck immobilization with aspen collar for 2 months. pain medications and over the counter medications, Tylenol and ibuprofen.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for post-operative evaluation.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for pre-operative evaluation	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head, without contrast material(s)	; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; severe headache; medications, patient has already had surgery for this issue, this is for reevaluation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	has intracranial vascular disease, high grade stenosis; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; severe headache; medications, patient has already had surgery for this issue, this is for reevaluation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	12/1/2020; There has been treatment or conservative therapy.; Left total arm pain, hot/cold intolerance, increased weakness, decreased range of motion in neck secondary to pain, headached, speach issues; Medication & physical therapy that concentrated on her shoulder tghat was radiating pain into her hand; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	2018; There has been treatment or conservative therapy.; Headaches, neck pain radiating into legs neck spasms; Surgery 5/20, medication; This study is being ordered for Congenital Anomaly	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter date of initial onset here - 5/8/2020; There has been treatment or conservative therapy.; ; Describe treatment / conservative therapy here - Norco, two right L4/5 ESIs in October 2020, Gabapentin, Robaxin, Fentanyl patches, Elavil, Soma, anterior cervical fusion in 2009, right SI joint steroid injection on 5/4/21, physical therapy from 8/10/2020; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; This study is being ordered for Pre Operative or Post Operative Evaluation; There is a post-operative complication.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	14	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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.	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 infection best describes the reason that I have requested this test.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	17 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NO documented neurologic findings suggesting a primary brain tumor.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 tumor outside the brain best describes the patient's tumor.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; 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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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.; 'None of the above' describes the congenital anomaly of the skull.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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).	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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 Parkinson's disease best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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 seizure disorder best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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.; Post-operative evaluation best describes the reason that I have requested this test.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; Known brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Early January 2021; It is not known if there has been any treatment or conservative therapy.; benign neoplasm of the brain, tremors and balance difficulties, memory issues, hard to get words out when talking; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	His MRI is around 2 years old and we need to obtain a more recent MRI of the cervical spine without contrast.We also need a CT of the cervical spine without contrast for evaluation of the bony anatomy and for surgical planning.; This study is being ordered for a neurological disorder.; Greater than 12 weeks; There has been treatment or conservative therapy.; Neck pain and pins and needle sensations in his arms.; pain medication, bracing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	ORDERING AN MRI AS WELL;MRI FOR SOFT TISSUE;CT FOR BONE AND HARDWARECHECK; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Patient already had a Cervical MRI; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	pt has already had a mri this is eval bony structure for pre op planning; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Rule out OPLL , ossification of the posterior longitudinal ligament.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient is presenting new symptoms.; It is not known if the study is for follow up or staging.; The patient is not undergoing active treatment for cancer.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; There is a known condition of tumor.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; chronic low back pain, bilateral lower extremity pain. Bilateral arm numbness and tingling that extends to face.; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 due to follow-up surgery or fracture within the last 6 months.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; There is a reason why the patient cannot have a Cervical Spine MRI.	3 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 04/09/2021; There has not been any treatment or conservative therapy.; pain, weakness, numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	It is not known if the study is for follow up or staging.; The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is a known condition of tumor.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	the patient's spinal cord stimulator while MRI compatible is not compatible enough for a full spine MRI. We have ordered a CT myelogram to evaluate the spinal canal for cord compression or neural foraminal stenosis. I explained to the patient that based o; This study is being ordered for a neurological disorder.; approx. 7 years ago injury; There has been treatment or conservative therapy.; worsened pain weakness; PT which makes it worse recent spinal cord stimulator; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 04/09/2021; There has not been any treatment or conservative therapy.; pain, weakness, numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	the patient's spinal cord stimulator while MRI compatible is not compatible enough for a full spine MRI. We have ordered a CT myelogram to evaluate the spinal canal for cord compression or neural foraminal stenosis. I explained to the patient that based o; This study is being ordered for a neurological disorder.; approx. 7 years ago injury; There has been treatment or conservative therapy.; worsened pain weakness; PT which makes it worse recent spinal cord stimulator; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Herniated disc exercises; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 have a new foot drop.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; WEAKNESS - NUMBNESS/WEAKNESS IN R FOOT; WEAKNESS IN R LEG; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 weakness.; 74 y/o woman c/o worsening bilateral LBP that radiates to RLE x 6 months; also c/o right leg weakness; hx of lumbar surgery in 2011 in Nashville, 2018 Memphis; she had this same pain before both of her surgeries; she takes Lyrica and Tramadol; she has see; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 weakness.; Abnormal gait and decreased in motor function.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 weakness.; bilateral lower extremity weakness ;on neurological exam positive for weakness and numbness. Abnormal gait, abnormal coordination, sensory deficit present; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 weakness.; Low back and bilateral leg pain despite pain management and a normal MRI of the lumbar spine; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Left Quadriceps: Strength: 4;;Gait: moderately antalgic.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; 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 x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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 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.; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; December 2020; There has not been any treatment or conservative therapy.; Myelopathy, weakness of both lower extremities, Cervical and Thoracic Spondylosis; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; February 2021; There has been treatment or conservative therapy.; Right C6 radicular pain, low back and right leg pain; Physical therapy, anti inflammatories and muscle relaxers; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	12/1/2020; There has been treatment or conservative therapy.; Left total arm pain, hot/cold intolerance, increased weakness, decreased range of motion in neck secondary to pain, headached, speach issues; Medication & physical therapy that concentrated on her shoulder tghat was radiating pain into her hand; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	2018; There has been treatment or conservative therapy.; Headaches, neck pain radiating into legs neck spasms; Surgery 5/20, medication; This study is being ordered for Congenital Anomaly	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Additional imaging is needed to assess the patient's pain. Patient is presented with neck and back pain x 4 months. Pt states neck will swell at times and feels very tight. She rates her pain as a 7/10.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	chronic migraines and more recent Chiari type headaches that have worsened over the past year and prompted an MRI of the brain that discovered a Chiari type 1 malformation with tonsillar descent and crowding down to the level of C1.;it is reasonable and ; Chiari 1 malformation noted on September 2020 imaging obtained as part of the workup for progressively worsening headaches over the past year of a different character; It is not known if there has been any treatment or conservative therapy.; referred for a Chiari 1 malformation noted on imaging obtained as part of the workup for progressively worsening headaches over the past year of a different character;baseline dull headache every day, which is present for the majority of the day. It is ; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	dr recommended repeat imaging of both the cervical and lumbar area due to persistence of the pathology. Patient has intermittent weakness and locking up of the hands, her hands jerking, left leg numbness. She had a fall 6-8 months ago and broke her left l; 09/2019; There has been treatment or conservative therapy.; low back pain, lumbar radiculopathy, cervical radiculopathy, cervicalgia; past cervical surgery, physical therapy in 2019 for cervical spine, senior yoga classes, hydrocodone 10-325 mg; This study is being ordered for Other	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - Unknown; Enter date of initial onset here - Unknown; There has been treatment or conservative therapy.; Describe primary symptoms here - low back pain radiating down his legs and neck pain radiating down his left arm, He experiences tingling in his feet occasionally and insomnia due to his pain; Describe treatment / conservative therapy here - Physical therapy 10 visits of therapy from 4/26/2021 to 6/2/2021 without relief, muscle relaxer, NSAID, steroids, lumbar ESI in 2018/2019, chiropractic manipulation, analgesics, ice/heat; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter date of initial onset here - 5/8/2020; There has been treatment or conservative therapy.; Describe treatment / conservative therapy here - Norco, two right L4/5 ESIs in October 2020, Gabapentin, Robaxin, Fentanyl patches, Elavil, Soma, anterior cervical fusion in 2009, right SI joint steroid injection on 5/4/21, physical therapy from 8/10/2020; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Failed conservative treatment.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	I have advised him that I am very concerned he could have a cervical thoracic issue as he does have significant changes in regards to his exam. He has a Hoffmann sign as well as hyperreflexia in his lower extremities and I suspect he could have compress; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	metastatic breast cancer to bone; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Obstructive hydrocephalus due to vestibular schwannoma.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pain and quality of life; 05/24/2021; There has not been any treatment or conservative therapy.; Gait imbalance, bowel and bladder incontinence, prone to falls, worsened back pain.; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	patient has had headached for the past 2 years; 04/09/2001; There has been treatment or conservative therapy.; chiari malformation type I and syrinx, headaches, hydrocephalus associated with congenital aqueduct stenosis; medication; This study is being ordered for Congenital Anomaly	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Personal history of Schwannoma; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; This study is being ordered for Pre Operative or Post Operative Evaluation; There is a post-operative complication.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Known or suspected infection or abscess	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Focal upper extremity weakness	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Abnormal Reflexes	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Dermatomal sensory changes on physical examination	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 paresthesia evaluated by a neurologist	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Unilateral focal muscle wasting	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 patient had a diagnostic test (such as EMG/nerve conduction) 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 occur within the past 72 hours.; The patient has a neurologic deficit.; This is a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine; The pain did NOT begin within the past 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 bowel or bladder dysfunction	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 been treated with a facet joint or epidural injection within the past 6 weeks	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Inflammatory / Infectious Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery ; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Additional imaging is needed to assess the patient's pain. Patient is presented with neck and back pain x 4 months. Pt states neck will swell at times and feels very tight. She rates her pain as a 7/10.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	chronic migraines and more recent Chiari type headaches that have worsened over the past year and prompted an MRI of the brain that discovered a Chiari type 1 malformation with tonsillar descent and crowding down to the level of C1.,it is reasonable and ; Chiari 1 malformation noted on September 2020 imaging obtained as part of the workup for progressively worsening headaches over the past year of a different character; It is not known if there has been any treatment or conservative therapy.; referred for a Chiari 1 malformation noted on imaging obtained as part of the workup for progressively worsening headaches over the past year of a different character;baseline dull headache every day, which is present for the majority of the day. It is ; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	I have advised him that I am very concerned he could have a cervical thoracic issue as he does have significant changes in regards to his exam. He has a Hoffmann sign as well as hyperreflexia in his lower extremities and I suspect he could have compress; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	metastatic breast cancer to bone; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Mid-back pain; Bone lesion, T-spine, malignancy suspected; history of breast cancer in her back pain in the lumbar and now thoracic area in MRI with contrast is needed to evaluate for possible metastatic disease; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Obstructive hydrocephalus due to vestibular schwannoma.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	patient has had headached for the past 2 years; 04/09/2001; There has been treatment or conservative therapy.; chiari malformation type I and syrinx, headaches, hydrocephalus associated with congenital aqueduct stenosis; medication; This study is being ordered for Congenital Anomaly	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	spinal cord injury; This study is being ordered for trauma or injury.; Recent fall at home suspected spinal cord injury; There has been treatment or conservative therapy.; Patient is not comfortable ambulating due to weakness in upper and lower extremities; Patient has had PT for overall balance and coordination and this did not seem to help symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a 30-year-old female that has progression of her scoliosis. Currently the patient is complaining of significant back pain that is progressively became worse over the past few months. She has tried physical therapy and epidural steroid injections; This is a 30-year-old female complaining of mid to low back pain. Patient states she has had this pain since 2015. She was diagnosed when she was younger with adolescent scoliosis; There has been treatment or conservative therapy.; This is a 30-year-old female complaining of mid to low back pain. Patient states she has had this pain since 2015.; At this time she has tried steroid injections which improved her symptoms about 60%. She did try physical therapy which did make her symptoms much worse; This study is being ordered for Multiple Sclerosis	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if there is weakness or reflex abnormality.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 reflex abnormality.; Reflexes are 1 out of 4 both upper and lower extremities	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 weakness.;	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 weakness.; R/L 4/5 Lower extremities, back pain	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 completed 6 weeks of physical therapy?	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT had back pain for over 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; hyperreflexia	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 have new signs or symptoms of bladder or bowel dysfunction.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; There has been treatment or conservative therapy.; Chronic pain/phantom pain; Spinal cord stim trial with 80% relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery ; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - Unknown; Enter date of initial onset here - Unknown; There has been treatment or conservative therapy.; Describe primary symptoms here - low back pain radiating down his legs and neck pain radiating down his left arm, He experiences tingling in his feet occasionally and insomnia due to his pain; Describe treatment / conservative therapy here - Physical therapy 10 visits of therapy from 4/26/2021 to 6/2/2021 without relief, muscle relaxer, NSAID, steroids, lumbar ESI in 2018/2019, chiropractic manipulation, analgesics, ice/heat; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	metastatic breast cancer to bone; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Mid-back pain; Bone lesion, T-spine, malignancy suspected; history of breast cancer in her back pain in the lumbar and now thoracic area in MRI with contrast is needed to evaluate for possible metastatic disease; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Obstructive hydrocephalus due to vestibular schwannoma.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pain and quality of life; 05/24/2021; There has not been any treatment or conservative therapy.; Gait imbalance, bowel and bladder incontinence, prone to falls, worsened back pain.; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has grade II L3-4 spondylolisthesis on lumbar xray. CT needed to assess for pars defect as well as bony fusion from previous L4-5, L5-S1 fusion completed 05/2017; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Low back pain radiating to bilateral lower extremities posterior aspect, reaching the right shin and left knee. Patient has grade II spondylolisthesis on xray.; SI joint injections, NSAIDs, modification of activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	patient has had headached for the past 2 years; 04/09/2001; There has been treatment or conservative therapy.; chiari malformation type I and syrinx, headaches, hydrocephalus associated with congenital aqueduct stenosis; medication; This study is being ordered for Congenital Anomaly	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Personal history of Schwannoma; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt has decreased range of motion; This study is being ordered for a neurological disorder.; 3/2/2021; There has been treatment or conservative therapy.; Pt has pain, aching, numbness & tingling; Meds, Chiropractor, analgesics, massages; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is a Medicare member.; The patient has Focal extremity weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	36 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	32 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Abnormal Reflexes	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Focal extremity weakness	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Recent evidence of fracture documented by x-ray	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	13 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Unilateral focal muscle wasting	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	14 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This is a 30-year-old female that has progression of her scoliosis. Currently the patient is complaining of significant back pain that is progressively became worse over the past few months. She has tried physical therapy and epidural steroid injections; This is a 30-year-old female complaining of mid to low back pain. Patient states she has had this pain since 2015. She was diagnosed when she was younger with adolescent scoliosis; There has been treatment or conservative therapy.; This is a 30-year-old female complaining of mid to low back pain. Patient states she has had this pain since 2015.; At this time she has tried steroid injections which improved her symptoms about 60%. She did try physical therapy which did make her symptoms much worse; This study is being ordered for Multiple Sclerosis	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 2017; There has been treatment or conservative therapy.; Chronic pain/phantom pain; Spinal cord stim trial with 80% relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for osteomyelitis.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.; It is not known if this is a preoperative study.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Early January 2021; It is not known if there has been any treatment or conservative therapy.; benign neoplasm of the brain, tremors and balance difficulties, memory issues, hard to get words out when talking; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Neurological 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 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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Approval	76390 Magnetic resonance spectroscopy		This is a request for MRS.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	70496 Computed tomographic angiography, head, 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 brain.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	spinal cord injury; This study is being ordered for trauma or injury.; Recent fall at home suspected spinal cord injury; There has been treatment or conservative therapy.; Patient is not comfortable ambulating due to weakness in upper and lower extremities; Patient has had PT for overall balance and coordination and this did not seem to help symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Arteriovenous malformation brain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Arteriovenous malformation brain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Septated thorocolumbar syrinx follow-up; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Changing neurologic symptoms best describes the reason that I have requested this test.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; None of the above best describes the reason that I have requested this test.; Known or suspected Parkinson's disease best describes the reason that I have requested this test.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory / Infectious Disease	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; JANUARY 2021; There has been treatment or conservative therapy.; The patient has neck pain that radiates to his mid scapula down to his mid back. He has bilateral shoulder pain. He also has decreased balance. He has pain between his shoulder blades.; INJECTIONS AND PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	DDD, radiculopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type InCT myelogram will be superior when compared with MRI, as it will allow for concurrent evaluation of the osseous structures Unknown If No Info Given.; This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No InfShe says that her lumbar spine issues began in her teenage years. She has pain radiating from her low back into her bilateral buttocks and posterior thighs. The pain does not travel past the; There has been treatment or conservative therapy.; ; She has had extensive conservative management of her pain to include injection therapy, pain medication, anti-inflammatory medication, and chiropractic care, without much success. She does think that the Percocet 10-325 mg every 8 hours that she takes fo; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	I will also obtain a CT of his cervical spine to further evaluate of his spine pathology.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is a 45 year old man with a history of Down syndrome and progressive spastic quadraparesis and respiratory insufficiency with progressive hypercapnia due to severe brainstem and upper cervical cord compression due to vertical atlantoaxial disl; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; bil arms numbness, cervical and lumbar pain; medication, physical therapy, epidural injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	1	2021	Apr-Jun 2021	; This study is being ordered for trauma or injury.; JANUARY 2021; There has been treatment or conservative therapy.; The patient has neck pain that radiates to his mid scapula down to his mid back. He has bilateral shoulder pain. He also has decreased balance. He has pain between his shoulder blades.; INJECTIONS AND PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	1	2021	Apr-Jun 2021	Enter answer here - or Type InCT myelogram will be superior when compared with MRI, as it will allow for concurrent evaluation of the osseous structures Unknown If No Info Given.; This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given.; She says that her lumbar spine issues began in her teenage years. She has pain radiating from her low back into her bilateral buttocks and posterior thighs. The pain does not travel past the; There has been treatment or conservative therapy.; ; She has had extensive conservative management of her pain to include injection therapy, pain medication, anti-inflammatory medication, and chiropractic care, without much success. She does think that the Percocet 10-325 mg every 8 hours that she takes fo; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	1	2021	Apr-Jun 2021	This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; There is a known condition of neurological deficits.; Yes this is a request for a Diagnostic CT
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	3	2021	Apr-Jun 2021	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Having additional pain aggravated by lying down and sittinghip pain fractured pelvis in the past; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	lumbar spine issues to include bilateral pars defects with associated anterolisthesis of L5 on S1. We discussed that these changes are causing bilateral L5 nerve root compression at that level. We also discussed the lateral recess stenosis at L4-L5 with; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has grade II L3-4 spondylolisthesis on lumbar xray. CT needed to assess for pars defect as well as bony fusion from previous L4-5, L5-S1 fusion completed 05/2017; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Low back pain radiating to bilateral lower extremities posterior aspect, reaching the right shin and left knee. Patient has grade II spondylolisthesis on xray.; SI joint injections, NSAIDs, modification of activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pt with history of prior PLIF in 2018 presents with several months of increased low back pain along with leg pain and weakness consistent with neurogenic claudication.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; numbness and tingling to the toes, muscle spasms with sharp pain, involving back buttock and pesterer thigh, pressure on the thecal sac and existing nerve roots, significant facet spalaying, positive for dizziness tingling sensory changes sensation decrea; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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?; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 weakness.; 70 year old woman who underwent instrumented lumbar fusion for lumbar spondylosis, stenosis, and spondylolisthesis, L4-S1 on 11-9-2018. She is now having constant left sided back pain that radiates down her left leg to ankle.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 weakness.; Numbness is located in both feet. She describes her pain as a burning, dull/aching, sharp/stabbing and numbness/tingling. Her pain she rates as a 7/10 with numbness at a 10/10. Her pain is worse when she is laying down or sitting. Pain is worse with i; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; It is not known when surgery is scheduled.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 2009; There has been treatment or conservative therapy.; bil arms numbness, cervical and lumbar pain; medication, physical therapy, epidural injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 2009; There has been treatment or conservative therapy.; chronic low back pain, bilateral lower extremity pain. Bilateral arm numbness and tingling that extends to face.; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; 07/01/2014; There has been treatment or conservative therapy.; Neck and bilateral arm pain and back with bilateral leg pain; Pt has been in pain management since 2014; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	DDD, radiculopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - localized hyporeflexia in bilateral achilles 1+ on physical exam, abnormal gait with stiffness, degenerative changes seen on cervical spine and lumbar spine x-ray films; Enter date of initial onset here - Unknown; There has been treatment or conservative therapy.; Describe primary symptoms here - low back pain with bilateral sciatica and neck pain with left arm radiculopathy, paresthesias in his feet; Describe treatment / conservative therapy here - 8 weeks of consecutive physical therapy since 4/14/21, muscle relaxer (Robaxin), NSAIDs, steroids, Analgesics (Tylenol, Tramadol), TENS, lumbar Epidural steroid injections in 2018/2019, chiropractic manipu; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 09/2020; There has been treatment or conservative therapy.; PAN IN UP AND LOW EXTREMITY; INJECTION AND MEDICATION CHIRO; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	His MRI is around 2 years old and we need to obtain a more recent MRI of the cervical spine without contrast. We also need a CT of the cervical spine without contrast for evaluation of the bony anatomy and for surgical planning.; This study is being ordered for a neurological disorder.; Greater than 12 weeks; There has been treatment or conservative therapy.; Neck pain and pins and needle sensations in his arms.; pain medication, bracing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Septated thorocolumbar syrinx follow-up; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	significant Modic changes seen across the endplates of L5-S1 suggestive of chronic longstanding endplate inflammation together with mild disc bulge at L4-5 without significant neural compression.; EMG/nerve conduction studies of the cervical spine demon; 2019; There has been treatment or conservative therapy.; cervical radiculopathies primarily affecting the C6 and C7 nerve root levels.; radiating innerscapular pain and it travels down the lateral sides of her arms. No side is especially effected versus the other. She endorses difficulty with lifting objects ; Oral medications and injections; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Spina bifida; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There is a CSF spaces around the craniocervical junction; This study is being ordered for Congenital Anomaly.; abnormalities present since birth; There has been treatment or conservative therapy.; numbness, tingling in the right hand; intractable headaches; poor upper extremity strength; significant weight loss with nausea; postoperative complications.; chiari decompression surgery 2009 and clinical surveillance since.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Dermatomal sensory changes on physical examination	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 trauma or injury did NOT occur within the past 72 hours.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 trauma or injury did NOT occur within the past 72 hours.; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 trauma or injury occur within the past 72 hours.; The patient had an abnormal xray indicating a complex fracture or severe anatomic derangement of the cervical spine; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 trauma or injury occur within the past 72 hours.; There is new onset radiculitis/radiculopathy.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 does not have any of the above listed items; It is not known if the pain began within the past 6 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine; The pain did NOT begin within the past 6 weeks.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; It is unknown if any of these apply to the patient	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; December 2020; There has not been any treatment or conservative therapy.; Myelopathy, weakness of both lower extremities, Cervical and Thoracic Spondylosis; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - failed conservative treatment in the setting of previous lumbar/thoracic spine surgery, patient c/o bowel/bladder incontinence, mid-lower back pain with bilateral sciatica, and paresthesias; there was abnormal gait/posture, tenderness;; Enter date of initial onset here 2018; There has been treatment or conservative therapy.;; Describe treatment / conservative therapy here - 2 visits to physical therapy in April/May 2021, NSAIDS, Analgesics, muscle relaxers, steroid dosepak, neuropathic medication(Gabapentin), home exercise, massage therapy, T10-L2 fusion in 2018, L3-4 laminect; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Follow up from known epidural abcess; 01/30/2021; There has been treatment or conservative therapy.; Severe back pain; Hospitalization since 01/30/2021, IV antibiotics; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pain and quality of life; 05/24/2021; There has not been any treatment or conservative therapy.; Gait imbalance, bowel and bladder incontinence, prone to falls, worsened back pain.; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Septated thorocolumbar syrinx follow-up; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Spina bifida; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There is a CSF spaces around the craniocervical junction; This study is being ordered for Congenital Anomaly.; abnormalities present since birth; There has been treatment or conservative therapy.; numbness, tingling in the right hand; intractable headaches; poor upper extremity strength; significant weight loss with nausea; postoperative complications.; chiari decompression surgery 2009 and clinical surveillance since.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; abnormal gait, must ambulate with cane. ;The problem has been waxing and waning since onset. The problem is resistant. Associated symptoms include blurred vision, chest pain, headaches, malaise/fatigue, neck pain, orthopnea, palpitations, peripheral ede	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; . Long history of mid back pain low back pain. Noted to have thoracic scoliosis. Right neck pain on exam findings.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not seen the doctor more then once for these symptoms.	2	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 not directed conservative treatment for the past 6 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; 07/01/2014; There has been treatment or conservative therapy.; Neck and bilateral arm pain and back with bilateral leg pain; Pt has been in pain management since 2014; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; February 2021; There has been treatment or conservative therapy.; Right C6 radicular pain, low back and right leg pain; Physical therapy, anti inflammatories and muscle relaxers; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	dr recommended repeat imaging of both the cervical and lumbar area due to persistence of the pathology. Patient has intermittent weakness and locking up of the hands, her hands jerking, left leg numbness. She had a fall 6-8 months ago and broke her left l; 09/2019; There has been treatment or conservative therapy.; low back pain, lumbar radiculopathy, cervical radiculopathy, cervicalgia; past cervical surgery, physical therapy in 2019 for cervical spine, senior yoga classes, hydrocodone 10-325 mg; This study is being ordered for Other	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - failed conservative treatment in the setting of previous lumbar/thoracic spine surgery, patient c/o bowel/bladder incontinence, mid-lower back pain with bilateral sciatica, and paresthesias; there was abnormal gait/posture, tenderness; Enter date of initial onset here 2018; There has been treatment or conservative therapy.; ; Describe treatment / conservative therapy here - 2 visits to physical therapy in April/May 2021, NSAIDs, Analgesics, muscle relaxers, steroid dosepak, neuropathic medication(Gabapentin), home exercise, massage therapy, T10-L2 fusion in 2018, L3-4 laminect; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - localized hyporeflexia in bilateral achilles 1+ on physical exam, abnormal gait with stiffness, degenerative changes seen on cervical spine and lumbar spine x-ray films; Enter date of initial onset here - Unknown; There has been treatment or conservative therapy.; Describe primary symptoms here - low back pain with bilateral sciatica and neck pain with left arm radiculopathy, paresthesias in his feet; Describe treatment / conservative therapy here - 8 weeks of consecutive physical therapy since 4/14/21, muscle relaxer (Robaxin), NSAIDs, steroids, Analgesics (Tylenol, Tramadol), TENS, lumbar Epidural steroid injections in 2018/2019, chiropractic manipul; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 09/2020; There has been treatment or conservative therapy.; PAN IN UP AND LOW EXTREMITY; INJECTION AND MEDICATION CHIRO; This study is being ordered for Other	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ABOUT A YEAR AGO; There has been treatment or conservative therapy.; lumbar - spine pain pelvis - right SI joint pain, pelvic pain.; THERAPY, INJECTIONS, HAS GONE THROUGH PAIN MANAGEMENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Failed conservative treatment.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery ; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Follow up from known epidural abcess; 01/30/2021; There has been treatment or conservative therapy.; Severe back pain; Hospitalization since 01/30/2021, IV antibiotics; This study is being ordered for Inflammatory / Infectious Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	lumbar spine issues to include bilateral pars defects with associated anterolisthesis of L5 on S1. We discussed that these changes are causing bilateral L5 nerve root compression at that level. We also discussed the lateral recess stenosis at L4-L5 with; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt with history of prior PLIF in 2018 presents with several months of increased low back pain along with leg pain and weakness consistent with neurogenic claudication.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Septated thorocolumbar syrinx follow-up; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	significant Modic changes seen across the endplates of L5-S1 suggestive of chronic longstanding endplate inflammation together with mild disc bulge at L4-5 without significant neural compression.;EMG/nerve conduction studies of the cervical spine demon; 2019; There has been treatment or conservative therapy.; cervical radiculopathies primarily affecting the C6 and C7 nerve root levels.;radiating innerscapular pain and it travels down the lateral sides of her arms. No side is especially effected versus the other. She endorses difficulty with lifting objects ; Oral medications and injections; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Spina bifida; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 paresthesia evaluated by a neurologist	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There is a CSF spaces around the craniocervical junction; This study is being ordered for Congenital Anomaly.; abnormalities present since birth; There has been treatment or conservative therapy.; numbness, tingling in the right hand; intractable headaches; poor upper extremity strength; significant weight loss with nausea; postoperative complications.; chiari decompression surgery 2009 and clinical surveillance since.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; 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.; Numbness is located in both feet. She describes her pain as a burning, dull/aching, sharp/stabbing and numbness/tingling. Her pain she rates as a 7/10 with numbness at a 10/10. Her pain is worse when she is laying down or sitting. Pain is worse with i; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ABOUT A YEAR AGO; There has been treatment or conservative therapy.; lumbar - spine pain pelvis - right SI joint pain, pelvic pain.; THERAPY, INJECTIONS, HAS GONE THROUGH PAIN MANAGEMENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Having additional pain aggravated by lying down and sitting hip pain fractured pelvis in the past; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS HAD WEIGHT GAIN DUE TO LIMITED MOVEMENT DUE TO PAIN. TENDERNESS IN SI JOINT/GLUTEUS MAXIMUS/MEDIUS. PATIENT ALSO AMBULATES WITH ANTALGIC GAIT.; 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.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.; Yes, this is a preoperative study.; Surgery is planned for within 30 days.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	and throughout all digits, right worse than left. She has weakness in both arms and hands which makes performing ADLs very difficult.; This study is being ordered for a neurological disorder.; These symptoms started roughly 2 years ago after a falling incident and have been progressively worsening.; There has been treatment or conservative therapy.; This 41 year old patient presents with neck pain, bilateral arm pain, and bilateral hand numbness. She is s/p a cervical MRI and x-rays completed on 3/15/21. The pain radiates into the shoulders bilaterally and then to the elbow on the right and to the ha; She reports undergoing PT for her shoulder several years ago with no relief. She is prescribed Tramadol and Hydrocodone-Acetaminophen. She has tried anti-inflammatories with no relief. She is not taking any neuropathic medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has decreased range of motion; This study is being ordered for a neurological disorder.; 3/2/2021; There has been treatment or conservative therapy.; Pt has pain, aching, numbness & tingling; Meds, Chiropractor, analgesics, massages; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	She still complains of weakness in her bilateral legs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/21/2021; There has been treatment or conservative therapy.; The pain continues across her lower back, with the left side being slightly more severe. She describes it as a sharp pain that onsets with activity. Intermittent tingling in her posterior bilateral thighs, with the left being more severe.; She cannot walk without her walker. She started using her walker when her knee really began to have difficulty; She states that the injection she received at the last visit helped her greatly for about three months: She is currently taking Gabapentin 800; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurological Surgery	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	CTA Head/Circle of Willis W Contrast;Cerebral aneurysm, nonruptured; Requestor has decided to proceed with the unlisted code.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' describes the congenital anomaly of the skull.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 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.; This is NOT a Medicare member.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 with neurologic symptoms/findings best describes the reason that I have requested this test.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; JANUARY 11, 2021; There has been treatment or conservative therapy.; ; Eliquis 5 mg p.o. twice daily; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Vascular Disease.; Patient is a 46-year-old right-handed member of the armed services who presents to clinic today for evaluation of episodic transient neurologic issues. Symptoms actually began back around age 20 or so and been ongoing intermittently through the years.; There has not been any treatment or conservative therapy.; At times she will have a month or so where he will have intermittent numbness and tingling in his hands and his feet his legs. There is no particular rhyme or reason or situation that provokes this. He will can go months without symptoms and then have t; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	pt is having increased dizziness; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	The patient will be scheduled for a CT angiogram of the head and neck. I am concerned that he is hypo perfusing his brainstem causing these episodes to occur. Another possibility would be that he is experiencing vertebrobasilar migraines without the head; This study is being ordered for a neurological disorder.; 02/2021; There has been treatment or conservative therapy.; becoming off balance and unsteady on his feet and developing lightheadedness; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the brain.	7	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a neurological disorder.; JANUARY 11, 2021; There has been treatment or conservative therapy.; ; Eliquis 5 mg p.o. twice daily; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Vascular Disease.; Patient is a 46-year-old right-handed member of the armed services who presents to clinic today for evaluation of episodic transient neurologic issues. Symptoms actually began back around age 20 or so and been ongoing intermittently through the years.; There has not been any treatment or conservative therapy.; At times she will have a month or so where he will have intermittent numbness and tingling in his hands and his feet his legs. There is no particular rhyme or reason or situation that provokes this. He will can go months without symptoms and then have t; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	pt is having increased dizziness; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	The patient will be scheduled for a CT angiogram of the head and neck. I am concerned that he is hypo perfusing his brainstem causing these episodes to occur. Another possibility would be that he is experiencing vertebrobasilar migraines without the head; This study is being ordered for a neurological disorder.; 02/2021; There has been treatment or conservative therapy.; becoming off balance and unsteady on his feet and developing lightheadedness; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	2 to 6% of patients with neurofibromatosis type I can have cerebral aneurysms-we will check MRA of brain.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	68-year-old male patient presenting with right facial weakness in the upper and lower motor neuron distribution onset abrupt following some periauricular pain in December 2020 without known illness or fever prior to the event. He was diagnosed with Bell'; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	chronic intractable migraine without aura stable pseudotumor cerebri; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	headaches; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Idiopathic intracranial hypertension; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	pseudotumor cerebri; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	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	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Tremor;l suspect she has underlying essential tremor do not think it needs any treatment at this time. I do not see any evidence of Parkinson's disease.;Vascular dementia without behavioral disturbance (HCC);I think she needs a follow-up MRI looking f; This study is being ordered for Vascular Disease.; 2019; There has been treatment or conservative therapy.; vascular dementia, meningioma, acute memory loss, essential tremors. Unable to recognize husband or recall things; Aricept; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/29/2020; There has been treatment or conservative therapy.; Numbness and tinging.; Med.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	There is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	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 dissection (tearing) of the artery.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; TIRED, attention span and concentration is poor she also reports having memory problems. she feels a little bit unsteady on her gait. Reports having occasional urinary incontinence.Has chronic neck pain.;;EXAM: Gait: Has difficulty with tandem gait; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.;; There has been treatment or conservative therapy.;; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.;; 05/10/2020; There has been treatment or conservative therapy.; She has been experiencing weakness in her legs. This has led to her experiencing frequent falling; Avonex 30mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.;; Diagnosed 2016 by a neurologist at Sparks Medical Center, Ft. Smith; There has been treatment or conservative therapy.;; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; JANUARY 11, 2021; There has been treatment or conservative therapy.; ; Eliquis 5 mg p.o. twice daily; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	associated radicular pain apparently in the left leg and arm weakness left greater than right arm following which seizures with increased neck pain possibly implicating cervical radiculomyelopathy. Possible radiculop; This study is being ordered for a neurological disorder.; SEIZURES FOR YEARS.; For about 3 months she has had increased low back and left leg pain possibly radicular and in the last 2 to 3 weeks she has had more increased neck pain with pain into the arms and weakness in the arms possibly indicating some mild ; There has been treatment or conservative therapy.; Idiopathic primary generalized seizure disorder since teenage years with recent breakthrough increase in seizures unclear cause but could potentially relate to suboptimal compliance or possibly medication related effects;Chronic low back and neck pain wi; Current plan will be to get release of records from Cooper clinic, do an MRI brain with contrast and an EEG for her seizure disorder. We are going to continue her on Keppra but will add Briviact. We will initially start her on Briviact 50 mg twice a day; One of the	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	5 months; There has been treatment or conservative therapy.; frequent falls, dizziness, tremors, blurred vision, loss of balance, weakness, RUE numbness, RUE pain; Physical therapy.; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	68-year-old male patient presenting with right facial weakness in the upper and lower motor neuron distribution onset abrupt following some periauricular pain in December 2020 without known illness or fever prior to the event. He was diagnosed with Bell'; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	2003 initial dx, new symptoms worse last 2 months; There has been treatment or conservative therapy.; ear pain/neuralgia, vision change; patient maintained on methotrexate for her disease, also gabapentin, pain meds; This study is being ordered for Other not listed	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	dementia, behavioral changes, Frequent falls, gait abnormality, degenerative changes, low back pain, urine incontinency, hand tremor, evaluate difficulty in walking that may be related to dementia vs LS/cervical degeneration.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	diagnosis of migraine headaches and evaluation of multiple sclerosis.;Migraines have worsened in the past year. ;assess for underlying causes of migraines and neck pain with radiculopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Headache, chronic, with new features assess for underlying causes of migraines, new symptoms of intractable vertigo, right facial numbness, blurred vision; There has been treatment or conservative therapy.; CHRONIC MIGRAINES; she received injections with interventional pain; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	increased radioclopathy of the cervical and lumbosacral regions radiating to her ble causing tingling and numbness.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	increasing memory difficulties. She has been needing more prompts to do her ADLs, She is more forgetful and forget conversations, forget where she is at times. She has tourette so has some language issues but denied any worsening of it. She has been heard; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Multiple sclerosis, monitor ;MS, to follow up for lesions; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Multiple sclerosis, new event ;reassess for disease burden from MS, last MRI with multiple new lesions and enhancing spinal lesions.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	none; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	pt is having increased dizziness; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Reassess disease burden of MS and high risk medication use; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	See uploaded clinical documents; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/2016; There has been treatment or conservative therapy.; Neurofibromatosis, possible glioma, lumbar spine tumor needing re-evaluation; lamictal; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	79 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 'None of the above' describe the headache's character.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	73 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; New onset within the past month describes the headache's character.	11 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 infection best describes the reason that I have requested this test.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	17 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspected Multiple Sclerosis.; Other causes have been ruled out.	9 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 suspected Multiple Sclerosis.; Other causes have NOT been ruled out.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	23 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NO documented localizing neurologic findings.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; None of the above best describe the patient's tumor.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Known or suspected Parkinson's disease best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Known or suspected seizure disorder best describes the reason that I have requested this test.	26 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Known or suspected normal pressure hydrocephalus best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for a neurological disorder.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; January 27, 2021; There has been treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; ; back pain, ankle jerking involuntary.; PT, Ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Tremor; I suspect she has underlying essential tremor do not think it needs any treatment at this time. I do not see any evidence of Parkinson's disease.; Vascular dementia without behavioral disturbance (HCC); think she needs a follow-up MRI looking f; This study is being ordered for Vascular Disease.; 2019; There has been treatment or conservative therapy.; vascular dementia, meningioma, acute memory loss, essential tremors. Unable to recognize husband or recall things; Aricept; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown; There has been treatment or conservative therapy.; Pain; Medications, home exercises, physical therapy; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/29/2020; There has been treatment or conservative therapy.; Numbness and tingling.; Med.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	It is not a chest mass. It is a right winged scapula. a brachial plexus to evaluate the origin of the long thoracic nerve in a pt with right winged scapula; This study is being ordered for a work-up of a suspicious mass.; There is no radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Neurology	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 patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Multiple Sclerosis	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; ; 2006; There has been treatment or conservative therapy.; ; NSAID / INJECTIONS. LIMITED EXERCISE DUE TO PAIN; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; TIRED, attention span and concentration is poor she also reports having memory problems. she feels a little bit unsteady on her gait. Reports having occasional urinary incontinence.Has chronic neck pain.;;EXAM: Gait: Has difficulty with tandem gait; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for a neurological disorder.; Diagnosed 2016 by a neurologist at Sparks Medical Center, Ft. Smith; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; unknown; It is not known if there has been any treatment or conservative therapy.; Tightness in neck possible myelopathy; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	5 months; There has been treatment or conservative therapy.; frequent falls, dizziness, tremors, blurred vision, loss of balance, weakness, RUE numbness, RUE pain; Physical therapy.; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	CNS patient with glioblastoma intense thoracic back pain; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	dementia, behavioral changes, Frequent falls, gait abnormality, degenerative changes, low back pain, urine incontinency,hand tremor,evaluate difficulty in walking that may be related to dementia vs LS/cervical degeneration.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	increased radiuclopathy of the cervical and lumbosacral regions radiating to her ble causing tingling and numbness.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Multiple sclerosis, monitor ;MS, to follow up for lesions; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Multiple sclerosis, new event ;reassess for disease burden from MS, last MRI with multiple new lesions and enhancing spinal lesions.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	pain; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Reassess disease burden of MS and high risk medication use; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 procedure is unknown.; It is unknown if any of these apply to the patient	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Dermatomal sensory changes on physical examination	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 New symptoms of bowel or bladder dysfunction	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 New symptoms of paresthesia evaluated by a neurologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Abnormal Reflexes	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Dermatomal sensory changes on physical examination	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Trauma or recent injury; The trauma or injury occur within the past 72 hours.; There is new onset radiculitis/radiculopathy.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Focal upper extremity weakness	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Don't know describes the reason for requesting this procedure.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; For evaluation of a syrinx or syringomyelia (a fluid filled hole within the spinal column) describes the reason for requesting this procedure.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspected tumor	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for a neurological disorder.; patient started having new symptoms on 6/02/2021. She has demyelinating disease.; There has been treatment or conservative therapy.; Right leg not functioning right. She has been having increased fatigue when her legs are not working. On exam it was noted slight weakness with plantar flexion on the right, diminished reflexes on the right upper and lower extremities and gait was noted t; Patient has had treated with Copaxone 12/15/2019 - 03/01/2020, She started on Naltrexone on 11/2020 and her MS relapse meds are IV solumedrol and oral steroids.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for a neurological disorder.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; january 27, 2021; There has been treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; ; back pain, ankle jerking involuntary.; PT, Ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	tremors in both hands for as long as he can remember. Family h/o PD in grandfather and tremors in grandmother. Family h/o spina bifida; Since early childhood; There has been treatment or conservative therapy.; Tremor, ataxia, Clumsiness with hyperreflexia, neck and back pain; Medication; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Unknown; There has been treatment or conservative therapy.; Pain; Medications, home exercises, physical therapy; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; 2006; There has been treatment or conservative therapy.; ; NSAID / INJECTIONS. LIMITED EXERCISE DUE TO PAIN; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Diagnosed 2016 by a neurologist at Sparks Medical Center, Ft. Smith; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	CNS patient with glioblastoma intense thoracic back pain; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Multiple sclerosis, monitor ;MS, to follow up for lesions; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Multiple sclerosis, new event ;reassess for disease burden from MS, last MRI with multiple new lesions and enhancing spinal lesions.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Reassess disease burden of MS and high risk medication use; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; hyperreflexia	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Left Wrist Extensors: 4/5; Left Plantar Flexion: 4/5	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for None of the above; The patient does 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for None of the above; The patient does 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.; Multiple sclerosis, monitor ;reassess disease burden from MS;;Hospitalized last month after developing weakness on left side, this has always been her bad side, prescribed oral steroids and discharged home.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; patient started having new symptoms on 6/02/2021. She has demyelinating disease.; There has been treatment or conservative therapy.; Right leg not functioning right. She has been having increased fatigue when her legs are not working. On exam it was noted slight weakness with plantar flexion on the right, diminished reflexes on the right upper and lower extremities and gait was noted t; Patient has had treated with Copaxone 12/15/2019 - 03/01/2020, She started on Naltrexone on 11/2020 and her MS relapse meds are IV solumedrol and oral steroids.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; January 27, 2021; There has been treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; ; back pain, ankle jerking involuntary.; ; PT, Ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	;; There has been treatment or conservative therapy.; ; ; This study is being ordered for Multiple Sclerosis	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	;; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; unknown; it is not known if there has been any treatment or conservative therapy.; Tightness in neck possible myelopathy; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	dementia, behavioral changes, Frequent falls, gait abnormality, degenerative changes, low back pain, urine incontinency, hand tremor, evaluate difficulty in walking that may be related to dementia vs LS/cervical degeneration.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Pain,; Analgesic, HEP, PT,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	increased radioclopathy of the cervical and lumbosacral regions radiating to her ble causing tingling and numbness.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	See uploaded clinical documents; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/2016; There has been treatment or conservative therapy.; Neurofibromatosis, possible glioma, lumbar spine tumor needing re-evaluation; lamictal; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 nerve study (EMG) involving the lumbar spine; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Abnormal Reflexes	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Focal extremity weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Dermatomal sensory changes on physical examination	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; january 27, 2021; There has been treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; ; back pain, ankle jerking involuntary;; PT, Ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	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.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	This is a request for a Metabolic Brain PET scan; This study is being ordered for refractory seizures.; This study is being ordered for pre-surgical evaluation.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	3	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	thalamic infarction, cva due to thrombus of right posterior cerebral artery;right hand/foot weakness numbness tingling; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the brain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	thalamic infarction, cva due to thrombus of right posterior cerebral artery;right hand/foot weakness numbness tingling; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 2013-2014; There has been treatment or conservative therapy.; loss of consciousness, dizziness or lightheadedness, sometimes nausea, headaches, migraines; Kepra 500mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tremor;l suspect she has underlying essential tremor do not think it needs any treatment at this time. I do not see any evidence of Parkinson's disease.;Vascular dementia without behavioral disturbance (HCC);I think she needs a follow-up MRI looking f; This study is being ordered for Vascular Disease.; 2019; There has been treatment or conservative therapy.; vascular dementia, meningioma, acute memory loss, essential tremors. Unable to recognize husband or recall things; Aricept; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; 2013-2014; There has been treatment or conservative therapy.; loss of consciousness, dizziness or lightheadedness, sometimes nausea, headaches, migraines; Kepra 500mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	63 years old white female with history of Parkinsons disease, 4 vessel CABG, Hypertension, type 2 diabetes mellitus. CHRONIC NECK PAIN AND HAVING DIFFICULTY WALKING. She was last seen by Dr. Brown at mercy around 2 years ago. She was diagnosed with Parkin; There has been treatment or conservative therapy.; CHRONIC NECK PAIN, DIFF. WALKING;; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; LOW BACK PAIN. INSOMNIA. NECK PAIN. UPPER EXTREMITY PAIN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	over 1 yr; There has not been any treatment or conservative therapy.; family history of ALS . Has been tripping for over 1 year, speak impaired. trouble swallowing , dizziness, spinning, tingling in bilateral hands and feet; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient is a right-handed 23-year-old young man who presents today with complaints of generalized dysesthesias. Symptoms began back in October. He was in the process of working in a retail store coming approximately suddenly experienced a generalized "i"; This study is being ordered for a neurological disorder.; October 2020; There has been treatment or conservative therapy.; Patient is a right-handed 23-year-old young man who presents today with complaints of generalized dysesthesias. Symptoms began back in October. He was in the process of working in a retail store coming approximately suddenly experienced a generalized "i"; He has been given gabapentin as well as beta-blocker neither of which have proven to be beneficial.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Summer 2020; There has not been any treatment or conservative therapy.; Apparently beginning last summer she began noticing onset of a tingling sensation in her left side near the rib area extending may be into the abdomen and then it eventually spread down to the left thigh and leg and then over the right abdominal side area; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	39	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	13	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; New onset within the past month describes the headache's character.	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out.	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain; noncardiac, diabetic; bending, sitting down problems; radicular pain radiating from back to chest area; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 reflex abnormality.; Achilles reflexes are 1+ on the right side and 1+ on the left side.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 not have 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?; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; dislocated hip numerous times, legs are going numb, pain in buttock radiating down leg; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; 2009; There has been treatment or conservative therapy.; TINGLING, NUMBNESS, BURNING AND WEAKNESS IN UPPER EXTREMITIES CAUSING HEADACHES. LOW BACK PAIN; PATIENT HAS PREVIOUSLY HAD NECK SURGERY TWICE SINCE 2008. MEDICATION FOR PAIN HAS BEEN GIVEN.; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; unknown; There has been treatment or conservative therapy.; pain; analgesics HEP, PT; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	associated radicular pain apparently in the left leg and arm weakness left greater than right arm following which seizures with increased neck pain possibly implicating cervical radiculomyelopathy. Possible radiculop; This study is being ordered for a neurological disorder.; SEIZURES FOR YEARS;; For about 3 months she has had increased low back and left leg pain possibly radicular and in the last 2 to 3 weeks she has had more increased neck pain with pain into the arms and weakness in the arms possibly indicating some mild ; There has been treatment or conservative therapy.; Idiopathic primary generalized seizure disorder since teenage years with recent breakthrough increase in seizures unclear cause but could potentially relate to suboptimal compliance or possibly medication related effects;Chronic low back and neck pain w; Current plan will be to get release of records from Cooper clinic, do an MRI brain with contrast and an EEG for her seizure disorder. We are going to continue her on Keppra but will add Briviact. We will initially start her on Briviact 50 mg twice a day; One of the	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	63 years old white female with history of Parkinsons disease, 4 vessel CABG, Hypertension, type 2 diabetes mellitus. CHRONIC NECK PAIN AND HAVING DIFFICULTY WALKING. She was last seen by Dr. Brown at mercy around 2 years ago. She was diagnosed with Parkin; There has been treatment or conservative therapy.; CHRONIC NECK PAIN, DIFF. WALKING; ; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	2003 initial dx, new symptoms worse last 2 months; There has been treatment or conservative therapy.; ear pain/neuralgia, vision change; patient maintained on methotrexate for her disease, also gabapentin, pain meds; This study is being ordered for Other not listed	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	2018; There has been treatment or conservative therapy.; SEVERE HEADCHES THAT LAST FROM 5 MINUTES TO SEVERAL HOURS. SHARP PAIN. THROBBING, POUNDING, PULSATING SQUEEZING PRESSURE. DIZZINESS, DIARHEA, SENSITIVITY TO LIGHT AND SOUND.; MEDICATION FOR HEADACHES; This study is being ordered for Other not listed	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	diagnosis of migraine headaches and evaluation of multiple sclerosis.;Migraines have worsened in the past year. ;assess for underlying causes of migraines and neck pain with radiculopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Pain.; Analgesic, HEP, PT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Headache, chronic, with new features assess for underlying causes of migraines, new symptoms of intractable vertigo, right facial numbness, blurred vision; There has been treatment or conservative therapy.; CHRONIC MIGRAINES; she received injections with interventional pain; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	over 1 yr; There has not been any treatment or conservative therapy.; family history of ALS. Has been tripping for over 1 year, speak impaired. trouble swallowing , dizziness, spinning, tingling in bilateral hands and feet; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT ALSO SUFFERS WITH REFLEX SYMPATHETIC DYSTROPHY AND CHRONIC PAIN SYNDROME.; JANUARY 2021; There has been treatment or conservative therapy.; TINGLING, NUMBNESS AND BURNING SENSATION IN BOTH FEET AND LEGS; HOME EXERCISES.; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is a right-handed 23-year-old young man who presents today with complaints of generalized dysesthesias. Symptoms began back in October. He was in the process of working in a retail store coming approximately suddenly experienced a generalized "i"; This study is being ordered for a neurological disorder.; October 2020; There has been treatment or conservative therapy.; Patient is a right-handed 23-year-old young man who presents today with complaints of generalized dysesthesias. Symptoms began back in October. He was in the process of working in a retail store coming approximately suddenly experienced a generalized "i"; He has been given gabapentin as well as beta-blocker neither of which have proven to be beneficial.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Summer 2020; There has not been any treatment or conservative therapy.; Apparently beginning last summer she began noticing onset of a tingling sensation in her left side near the rib area extending may be into the abdomen and then it eventually spread down to the left thigh and leg and then over the right abdominal side area; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Focal upper extremity weakness	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 new onset or changing radiculitis / radiculopathy; It is not known if the pain began within the past 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Focal upper extremity weakness	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 None of the above; None of the above describes the reason for requesting this procedure.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspected tumor	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Pain; Home exercise, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for Multiple Sclerosis	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; unknown; There has been treatment or conservative therapy.; pain; analgesics HEP, PT; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	After abnormal findings on Cervical spine MRI. We need an evaluation of lumbar degenerative disc disease, demyelinating disease or compressive etiology.; Unknown; It is not known if there has been any treatment or conservative therapy.; Deep aching pain sensation sometimes shoots down to the right hip. She has numbness which is starting at the back and runs down to the right thigh. She describes a bandlike sensation starting from her lower to mid back and goes to the front around her bel; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	diagnosis of migraine headaches and evaluation of multiple sclerosis.;Migraines have worsened in the past year. ;assess for underlying causes of migraines and neck pain with radiculopathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Nothing further; Unknown; There has been treatment or conservative therapy.; Pain; Analgesic, home exercises, and PT; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is a right-handed 23-year-old young man who presents today with complaints of generalized dysesthesias. Symptoms began back in October. He was in the process of working in a retail store coming approximately suddenly experienced a generalized "i"; This study is being ordered for a neurological disorder.; October 2020; There has been treatment or conservative therapy.; Patient is a right-handed 23-year-old young man who presents today with complaints of generalized dysesthesias. Symptoms began back in October. He was in the process of working in a retail store coming approximately suddenly experienced a generalized "i"; He has been given gabapentin as well as beta-blocker neither of which have proven to be beneficial.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; increased thoracic pain	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Musculoskeletal: See HPI, back pain, stiffness, muscle weakness	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 weakness.; Patient first experienced an episode with loss of consciousness 2 weeks ago. When patient has a seizure, he has a blank stare, gets clammy, losed control of bilateral arms, does not have memory of events, with no shakes and jerks bilateral arms and legs	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	tremors in both hands for as long as he can remember. Family h/o PD in grandfather and tremors in grandmother. Family h/o spina bifida; Since early childhood; There has been treatment or conservative therapy.; Tremor, ataxia, Clumsiness with hyperreflexia, neck and back pain; Medication; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Pain; Home exercise, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; 2009; There has been treatment or conservative therapy.; TINGLING, NUMBNESS, BURNING AND WEAKNESS IN UPPER EXTREMITIES CAUSING HEADACHES. LOW BACK PAIN; PATIENT HAS PREVIOUSLY HAD NECK SURGERY TWICE SINCE 2008. MEDICATION FOR PAIN HAS BEEN GIVEN.; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; unknown; There has been treatment or conservative therapy.; pain; analgesics HEP, PT; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	associated radicular pain apparently in the left leg and arm weakness left greater than right arm following which seizures with increased neck pain possibly implicating cervical radiculomyelopathy. Possible radiculop; This study is being ordered for a neurological disorder.; SEIZURES FOR YEARS;; For about 3 months she has had increased low back and left leg pain possibly radicular and in the last 2 to 3 weeks she has had more increased neck pain with pain into the arms and weakness in the arms possibly indicating some mild ; There has been treatment or conservative therapy.; Idiopathic primary generalized seizure disorder since teenage years with recent breakthrough increase in seizures unclear cause but could potentially relate to suboptimal compliance or possibly medication related effects;Chronic low back and neck pain wi; Current plan will be to get release of records from Cooper clinic, do an MRI brain with contrast and an EEG for her seizure disorder. We are going to continue her on Kepra but will add Briviact. We will initially start her on Briviact 50 mg twice a day; One of the	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	After abnormal findings on Cervical spine MRI. We need an evaluation of lumbar degenerative disc disease, demyelinating disease or compressive etiology.; Unknown; It is not known if there has been any treatment or conservative therapy.; Deep aching pain sensation sometimes shoots down to the right hip. She has numbness which is starting at the back and runs down to the right thigh. She describes a bandlike sensation starting from her lower to mid back and goes to the front around her bel; This study is being ordered for Other	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; LOW BACK PAIN. INSOMNIA. NECK PAIN. UPPER EXTREMITY PAIN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Nothing further; Unknown; There has been treatment or conservative therapy.; Pain; Analgesic, home exercises, and PT; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pain; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT ALSO SUFFERS WITH REFLEX SYMPATHETIC DYSTROPHY AND CHRONIC PAIN SYNDROME.; JANUARY 2021; There has been treatment or conservative therapy.; TINGLING, NUMBNESS AND BURNING SENSATION IN BOTH FEET AND LEGS; HOME EXERCISES.; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 None of the above	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 as a Pre-operative evaluation	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 paresthesia evaluated by a neurologist	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	tremors in both hands for as long as he can remember.Family h/o PD in grandfather and tremors in grandmother. Family h/o spina bifida; Since early childhood; There has been treatment or conservative therapy.; Tremor, ataxia, Clumsiness with hyperreflexia, neck and back pain; Medication; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Pain.; Analgesic, HEP, PT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Neurology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nuclear Medicine	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nuclear 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 NOT had a Low Dose CT for Lung Cancer Screening 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nuclear Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Nuclear 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 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 can't afford physical therapy at the moment;;8/20/2020 to present exercise bands - demonstrate and practice various rotator cuff strengthening exercises with elastic bands;;5/27/2021 to present cetirizine, ibuprofen and ice packs;;8/4/2020 t; The patient received oral analgesics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nuclear 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nuclear 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 suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nuclear Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Nuclear 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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.	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material	5/10/2021; There has not been any treatment or conservative therapy.; post-menopausal bleeding; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; 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 a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	PATIENT MAY HV HERNIA IN UPPER RIGHT QUAD AND HAVING PAIN IN RIGHT LOWER QUADRANT; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	RLQ pain, hx of endometrial cancer, s/p hysterectomy in 2014.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	Rule out Hernia; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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.; It is not known if there documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	unable to locate IUD during recent pelvic exam .; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/05/2021; There has not been any treatment or conservative therapy.; enlarged lymph nodes, pain, gall bladder problem , pregnant.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	intermittent vaginal pain & bleeding; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PATIENT HAS POSTMENOPAUSAL BLEEDING, PELVIC PAIN, BACK PAIN AND ABNORMAL ULTRASOUND INDICATES FUTHER EVALUATION NEEDED MRI PELVIS FOR UTERUS AND ENDOMETRIUM EVALUATION; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	5/10/2021; There has not been any treatment or conservative therapy.; post-menopausal bleeding; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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; Yes this is a request for a Diagnostic CT ; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/05/2021; There has not been any treatment or conservative therapy.; enlarged lymph nodes, pain, gall bladder problem , pregnant.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Malignant neoplasm of lower-outer quadrant of left female breast; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient has Lifetime Risk of 31%, with Paternal Aunt diagnosed with breast cancer @ 38, Great Grandmother diagnosed with Ovarian cancer. Pt had Left US Guided Biopsy 4/24/15 that show Fibroadenoma, Fibrocystic. Had right ultrasound 5/10/21 for nodules in ; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient has other family members have cancer 27.7 lifetime risk; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	patient having bloody nipple of left breast no mammographic or sonographic finding; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient is high risk at 30% for lifetime, Mother was diagnosed at 45 with breast cancer, Maternal Aunt at 55 and Paternal Grandmother at 68.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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 following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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).	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Will fax clinical.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has an enlarged heart; The patient has high blood pressure	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The type of tumor is unknown.; Known or suspected tumor best describes the reason that I have requested this test.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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.; abnormal weight loss, Nausea/vomiting ;Abdominal pain, epigastric pain; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Bilateral back pain and weakness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Bilateral back pain and weakness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pain is becoming more often and worse. Daily activity; This study is being ordered for trauma or injury.; 1992; It is not known if there has been any treatment or conservative therapy.; Pain and numbness from mid back radiating to groin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	pain is becoming more often and worse. Daily activity; This study is being ordered for trauma or injury.; 1992; It is not known if there has been any treatment or conservative therapy.; Pain and numbness from mid back radiating to groin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	uterine fibroid PMB; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	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.; abnormal weight loss, Nausea/vomiting ;Abdominal pain, epigastric pain; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Patient presented today with bilateral nipple discharge and pain in breasts. Bilateral US performed, Bi-Rads 2 Inconclusive. Radiologist recommended MRI due to patient's family history of Ovarian Cancer in Mother diagnosed at 49 and Maternal Aunt at 64.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	OB/Gynecology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Occupational Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/02/2021; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Occupational Medicine	Approval	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>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; 06/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04-30-2021; surgical procedure; 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 number of visits is other than 2.; Enter name of tool here Enter score here Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Occupational Medicine	Approval	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>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/27/2021; 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.; PAB; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Occupational Medicine	Approval	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: ; NA; NA; 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 presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; 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:	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oncology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is suspicion of neoplasm, or metastasis.ostct"; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oncology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oncology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oncology	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Oncology	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 beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Follow up treatment of Cancer, Metastatic disease, Malignancy	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	This is a disease evaluation; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oncology	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Follow up treatment of Cancer, Metastatic disease, Malignancy	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oncology	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.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Oncology	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oncology	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colorectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a disease evaluation; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oncology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a disease evaluation; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; see icd code; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 4/30/2021; There has not been any treatment or conservative therapy.; Blurry vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has not been any treatment or conservative therapy.; Daily severe headache, visual loss, swelling of optic nerves, light sensitivity, vertigo slight numbness on hands; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Paralytic strabismus associated with right trochlear nerve palsy. Torticollis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Preop for possible surgery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/12/2021; There has been treatment or conservative therapy.; migraines and headaches. Episodes when her vision in the right eye would go white almost. Pt. is really struggling; Pt previously had surgery - s/p right LR Rc 10.0mm. 5/18; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Vision loss, monocular;;Amblyopia, left eye ;;Sensory esotropia w/ mild V- Pattern;;Vitreous syneresis left eye, vitreous floaters;;Astigmatism; This study is being ordered for Congenital Anomaly;; 02/04/2021; There has been treatment or conservative therapy.; monocular vision loss; Medial rectus recession, glasses previously provided; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given;Pt has history of IIH with recurrent symptoms and 66# weight gain. Pt has had transient visual loss and ongoing headache.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	on fundus exam by ophthalmologist- optic nerves show papilledema; This study is being ordered for Inflammatory/ Infectious Disease.; 06/04/2021; There has not been any treatment or conservative therapy.; headache for years, tinnitus, decrease in vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Preop for possible surgery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/12/2021; There has been treatment or conservative therapy.; migraines and headaches. Episodes when her vision in the right eye would go white almost. Pt. is really struggling; Pt previously had surgery - s/p right LR Rc 10.0mm. 5/18; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	04/12/2021-Patient states that she has had episodes when her vision in the right;eye would go white almost. Patient is really struggling.; 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.; It is unknown if the patient had an ultrasound (doppler) of the neck or carotis arteries.; It is unknown if the patient had carotid (neck) artery surgery.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; see icd code; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Bypass; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Complaining of visual field deficits; This study is being ordered for a neurological disorder.; 4/2/21; There has not been any treatment or conservative therapy.; Double vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has not been any treatment or conservative therapy.; Daily severe headache, visual loss, swelling of optic nerves, light sensitivity, vertigo slight numbness on hands; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	History of brain surgery and angioma; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/24/21; It is not known if there has been any treatment or conservative therapy.; Diplopia; left exotropia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	on fundus exam by ophthalmologist- optic nerves show papilledema; This study is being ordered for Inflammatory/ Infectious Disease.; 06/04/2021; There has not been any treatment or conservative therapy.; headache for years, tinnitus, decrease in vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Paralytic strabismus associated with right trochlear nerve palsy. Torticollis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	r/o stroke or mass; This study is being ordered for a neurological disorder.; 05/26/2021; There has not been any treatment or conservative therapy.; Blurred vision, floaters; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	see clinical; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 presenting with a sudden change in severity, associated with exertion, or a mental status change.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Vision loss, monocular;;Amblyopia, left eye ;;Sensory esotropia w/ mild V- Pattern;;Vitreous syneresis left eye, vitreous floaters;;Astigmatism; This study is being ordered for Congenital Anomaly.; 02/04/2021; There has been treatment or conservative therapy.; monocular vision loss; Medial rectus recession, glasses previously provided; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Visual field defects and severe swelling of optic nerves in both eyes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Congenital Anomaly.; ; it is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Complaining of visual field deficits; This study is being ordered for a neurological disorder.; 4/2/21; There has not been any treatment or conservative therapy.; Double vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	In both eyes. Onset was gradual. Vision is blurred. Severity is mild. Occurring constantly. Context: distance vision and near vision. Since onset it is gradually worsening.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has swollen optic nerves, blurry vision, and headaches around both eyes.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	r/o stroke or mass; This study is being ordered for a neurological disorder.; 05/26/2021; There has not been any treatment or conservative therapy.; Blurred vision, floaters; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 4/30/2021; There has not been any treatment or conservative therapy.; Blurry vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/29/2021; There has not been any treatment or conservative therapy.; Blurred vision and h/a; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient has swollen optic nerves, blurry vision, and headaches around both eyes.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has swollen optic nerves, blurry vision, and headaches around both eyes.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Ophthalmology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oral/Maxillofacial	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a temporomandibular joint MRI.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Oral/Maxillofacial	Disapproval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Radiology Services Denied Not Medically Necessary	This is a request for a temporomandibular joint MRI.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; Finding of cancer elsewhere is related to the suspicion of cnacer in this patient.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		Myelogram post CT Lumbar shows a Pulmonary nodule right lung; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		sarcoma;Dx: Sarcoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	This study is being ordered for pre-operative evaluation.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This is a request for a chest MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	6 months ago when she started having progressive pain in the neck that radiates down the right arm to the dorsal right long finger. This is a very typical C7 AP and lateral x-ray of the cervical spine ordered, obtained, and interpreted today reveals inter; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc...	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 due to follow-up surgery or fracture within the last 6 months.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 reflex abnormality.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 weakness.; having a lot of trouble with her left leg. Last saw her few weeks ago, at that time she had been recently to the ED with significant pain in her left leg. She does have a history of lumbar spondylosis and has had lumbar spine surgery in the past. She s; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 weakness.; The spine pain is described as aching and starts in her lower back and radiates to her groin and past her knee and is associated with requiring a walker.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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 patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Hip Exam;;;Skin is normal and intact. No lymphedema. No tenderness to palpation. Decreased sensation at L5 distribution. No deformity. Stable with flexion and extension in internal and external rotation. Posterior tibial pule and dorsalis pedis pulse i; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Patient has weakness in the lower extremity causing falls and near falls; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	back pain with paresthesia and incontinence; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	generalized pain from neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	IMPRESSION;; This patient has symptoms consistent with cervical radiculopathy and impingement of the right shoulder.; This study is being ordered for a neurological disorder.; Neck exam;; Decreased range of motion with rotation to the right; There has not been any treatment or conservative therapy.; Recurring pain, weakness and lack of strength.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Risser sign is 1-2 and her curvature is now measuring 53 degrees. Forward bend test reveals a 13 degree scoliometer reading in the right mid thoracic spine elevated on the right with a compensatory left sided lumbar elevation of 3 degrees. Stated that the; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is 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 NO abnormal reflexes on exam; A previous x-ray demonstrate severe scoliosis	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Symptoms are worse with;movement. It is affecting her normal activities including showering and putting on her bra. Treatment has included meloxicam, tramadol, Lortab. She is;also tried physical therapy and had an injection, which only lasted about 2 da; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/3/2021; There has been treatment or conservative therapy.; soreness,aching,weakness; steroid injection, physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Focal upper extremity weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 has a neurologic deficit; This is NOT a Medicare member.; The patient has Recent evidence of fracture documented by x-ray	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 New symptoms of paresthesia evaluated by a neurologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
					We are going to need the MRI of his hip and an MRI of his C-spine. MRI on his right hip to rule out gluteus medius tear and we really need to get an MRI on his C-spine he has a CS radiculopathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2019; There has been treatment or conservative therapy.; Hip - He has pain over the greater trochanter and gluteal area along with the hamstring area and burning pain through the L3-4 dermatome.; He has a positive Trendelenburg's, he is tender to palpation directly over the proximal hamstrings.; Cervical Spin; 11 sessions of physical therapy (April - June 2021), steroid injections, home exercises, and activity modification.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology			
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		1	2021	Apr-Jun 2021
					; 4/25/2021; There has been treatment or conservative therapy.; Patient has dull, sharp, and tingling numbness in her back and lower extremities. She has weakness and numbness in her legs causing falls and near falls; Lying down, heat applied and pain medications; This study is being ordered for Neurological Disorder			
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		1	2021	Apr-Jun 2021
					back pain with paresthesia and incontinence; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.			
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		1	2021	Apr-Jun 2021
					MVA-07/09/2021 with traumatic brain injury and right-sided hemiplegia; This study is being ordered for Congenital Anomaly.; 10/30/2018; There has been treatment or conservative therapy.; Progressing curve-scoliosis 50 degree; PT/Rehab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology			

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Risser sign is 1-2 and her curvature is now measuring 53 degrees. Forward bend test reveals a 13 degree scoliometer reading in the right mid thoracic spine elevated on the right with a compensatory left sided lumbar elevation of 3 degrees. Stated that the; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is 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 NO abnormal reflexes on exam; A previous x-ray demonstrate severe scoliosis	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is weakness.; T-Spine ROM: grossly intact and with pain Upper Trunk Skin Inspection: skin intact, no rashes or lesions. T-Spine Inspection: left and right paraspinal musculature tender to palpation and midline tenderness.;Order Plain X-ray/Interpretation;Specific F	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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 describes a significant tingling with muscle fasciculations in both lower extremities in both the anterior and posterior thighs as well as moving down into the calves and occasionally into the feet.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Weakness in the legs. Patient is unable to walk	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not scheduled within the next 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; 4/25/2021; There has been treatment or conservative therapy.; Patient has dull, sharp, and tingling numbness in her back and lower extremities. She has weakness and numbness in her legs causing falls and near falls; Lying down, heat applied and pain medications; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	back pain with paresthesia and incontinence; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	MVA-07/09/2021 with traumatic brain injury and right-sided hemiplegia; This study is being ordered for Congenital Anomaly.; 10/30/2018; There has been treatment or conservative therapy.; Progressing curve-scoliosis 50 degree; PT/Rehab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Risser sign is 1-2 and her curvature is now measuring 53 degrees. Forward bend test reveals a 13 degree scoliometer reading in the right mid thoracic spine elevated on the right with a compensatory left sided lumbar elevation of 3 degrees. Stated that the; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is 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 NO abnormal reflexes on exam; A previous x-ray demonstrate severe scoliosis	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	20 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	44 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Abnormal Reflexes	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Focal extremity weakness	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 bowel or bladder dysfunction	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	deep hip pain anteriorly and posteriorly with right hip popping. pain with standing for more than 5 hours. pain with rested hip flexion/ xrays show some density in the inferior portion of the acetabulum. HAS been going on multiple years, getting worse whe; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for slipped femoral capital epiphysis.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	X-ray;:AP, lateral views of the lumbar spine obtained today in clinic shows mild disc height loss L5 on S1, no acute abnormalities or fractures. Normal soft tissues. Bone is osteopenic in quality. Vessel calcification noted.;:AP pelvis and lateral view; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	42	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	At this point conservative management has not yielded significant improvement in her symptoms. We have attempted various splints, activity modifications anti-inflammatories all without significant improvement. We will get an MRI of her left thumb and wrist; This study is being ordered for trauma or injury.; 2/22/2021; There has been treatment or conservative therapy.; PE; A thumb spica splint was removed from the left wrist for examination. The patient presents in no acute distress, alert and oriented to person, place, time, and situation. Presentation is appropriate, speech clear, answers are appropriate. Skin temperature; Various splints, activity modifications/physician-directed exercises, and NSAIDs.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	sarcoma; Dx: Sarcoma; This study is being ordered for a metastatic disease.; There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	12	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 no 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.	7	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 no suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; severe pain and numbness in Cervical spine and right shoulder; in 2019 she took IBU and Tylenol. ON 6/12/2021 she took naproxen and Tylenol.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	At this point conservative management has not yielded significant improvement in her symptoms. We have attempted various splints, activity modifications anti-inflammatories all without significant improvement. We will get an MRI of her left thumb and wris; This study is being ordered for trauma or injury.; 2/22/2021; There has been treatment or conservative therapy.; PE; A thumb spica splint was removed from the left wrist for examination. The patient presents in no acute distress, alert and oriented to person, place, time, and situation. Presentation is appropriate, speech clear, answers are appropriate. Skin tempe; Various splints, activity modifications/physician-directed exercises, and NSAIDs.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	exam findings today show what appears to be residual infection of the elbow with some swelling and induration of the surrounding skin and soft tissues.worried about possible continued indolent infection and recommend MRI of the right elbow with and without; The pain is not from a recent injury, old injury, chronic pain or a mass.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Further diagnostic information is needed and could best be obtained with RIGHT and LEFT shoulder MRI's;While we are waiting for the MRI we will give Mobic. ;He has been taking OTC Ibuprofen over the years for this noting is helping. Exercise exacerbates; This study is being ordered for trauma or injury.; Pt has several years 20+ of pain in shoulders due to trauma and injuries in past years from falling off of horses to skiing injuries.; There has not been any treatment or conservative therapy.; He states that both shoulder hurt and the pain goes back and forth between the shoulders. Pain is global in the shoulder. ;;This pain keeps him awake at night. ;He has bilateral chronic bursitis of the shoulders but the main issue is likely rotator cuff; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	generalized pain from neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	History: Referred here today for her left elbow. She sustained an elbow dislocation 2 years ago which was reduced. She is a competitive wrestler. She has not complained of instability but she has been complaining of significant pain in the left elbow. She; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	IMPRESSION;; This patient has symptoms consistent with cervical radiculopathy and impingement of the right shoulder.; This study is being ordered for a neurological disorder.; Neck exam;; Decreased range of motion with rotation to the right; There has not been any treatment or conservative therapy.; Recurring pain, weakness and lack of strength.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Left wrist pain with edema of unknown origin. left wrist pain and swelling starting on March 7, 2021. Place patient in a left short arm splint. Patient to avoid heavy lifting, pushing, pulling, or twisting with the left hand and arm at this time. Patient ; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Michael is here today for consideration of his right elbow. He is a 41-year-old right-hand-dominant mechanic who has had progressive right elbow pain exacerbated by a sudden "pop "while turning a wrench several weeks ago. This has become progressively mor; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	MR arthrogram of his right elbow to asses for a UCL tear. He will follow up once the study is complete to discuss results to plan course of action. ligamentous instability test positive; numbness in small finger with valgus stress test. tenderness of the ; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	o. He describes pain localized to the posterior elbow that is mild constant and sharp;intermittent. He also describes tightness in his forearm and numbness and tingling in the forearm and wrist; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	patient reports a fall 3 days ago, evaluate for ligament or tendon injury. symptoms include severe pain, swelling, and significantly decreased range of motion.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	CONSERVATIVE TREATMENT WITH NO PAIN RELIEF; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PATIENT HAS HAD SHOULDER AND NECK SYMPTOMS FOR MANY YEARS, SHE HAS DIMINSHED STRENGTH, SLIGHT WEAKNESS,SLIGHTLY DIMINISHED ABDUCTION STRENGTH, NECK PAIN MAY BE RADICULAR IN NATURE, TAKES MOBIC AND HAS HAD INJECTIONS, CHANGE IN ACTIVITY WITH NO REIEF,; There has been treatment or conservative therapy.; NECK PAIN,POSSIBLY RADICULAR IN NATURE,POSSIBLE IMPINGMENT SYNDROME, LIMITED RANGE OF MOTION, HAS HAD INJECTIONS, TAKES MOBIC, SHOULDER PAIN WITH OCCASIONAL WEAKNESS WITH LIFTING, DIMINSHED ABDUCTION STRENGTH; PT TAKES MOBIC, HAS HAD INJECTIONS AND CHANGE IN ACTIVITY WITH NO RELIEVING FACTORS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	PE: The patient presents in no acute distress, alert and oriented to person, place, time, and situation. Presentation is appropriate, speech clear, answers are appropriate. Skin temperature is within normal limits. Capillary refill is less than 2 seconds.; The pain is from an old injury.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Polina Joy Skaggs is a 14 y.o. female here for evaluation of her left elbow. The patient is a right-hand-dominant female who has spina bifida at the level T3 and has been wheelchair-bound her entire life. She had an injury on 04/26/2021 whenever she fel; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	possible infection post operation; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Possible scapholunate ligament tear. We will send her for an MR arthrogram of the left wrist for better assessment. pain, popping/clicking, swelling x2-3 months. Watson's scaphoid shift test positive. Tenderness of the dorsal navicular, the volar navicula; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Pt fell with and landed on the dorsal surface of the hand with the wrist fully flexed. His outside xrays were reviewed and discussed. It shows no signs of a fracture. His exam today shows a right wrist sprain at the distal radioulnar joint. PT's piano key; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Reports severe right elbow pain that radiates into forearm, wrist and fingers. Patient was seen in ER and given brace and told to follow with ortho clinic. Patient has tried narcotic pain medication and steroid injection to elbow 3 weeks ago with no relief; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Right-hand-dominant Army medic in flight school previously seen 6 years ago for a chronic right scaphoid waist fracture nonunion with signs of AVN. Patient was scheduled for open reduction and internal fixation with bone grafting but never had the surgery; The pain is from an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	surgery pending MRI results; The study is for Aseptic Necrosis; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	<p>suspected rotator cuff tear;;Focused exam bilateral shoulders demonstrate decreased passive range of motion. Positive impingement signs. Pain with supraspinatus activation. Full cervical range of motion. Long tract signs are negative. Positive cross; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; a few months ago; There has been treatment or conservative therapy.; pain; steroid injection, modified activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	<p>Symptoms are worse with movement. It is affecting her normal activities including showering and putting on her bra. Treatment has included meloxicam, tramadol, Lortab. She is also tried physical therapy and had an injection, which only lasted about 2 days; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/3/2021; There has been treatment or conservative therapy.; soreness, aching, weakness; steroid injection, physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	<p>TENDER TFCC AREA, X-RAY SHOWS QUESTIONABLE SCAPHOIA WRIST FRACTURE ON AP VIEWS; 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.</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	<p>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.</p>	8	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	14 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The patient has had a nerve conduction study which revealed that he had no peripheral compression at the cubital tunnel. He has had an MRI of his neck which did not reveal any radiculopathy in C7-C8 distribution. At this point, little unsure. I think t; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; It is not known if the study is 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	12 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	59 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; at least 6 weeks of home exercise with no relief; The patient received oral analgesics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home exercise for at least 6 weeks; The patient received oral analgesics.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has 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 shoulder exercises that where unsuccessful due to the pain associated with movement of the shoulder.; The patient received oral analgesics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient had an event unloading a cart in the water and since that time is at substantial shoulder pain that is failed conservative measures with antiinflammatories and rest. It's keeping her up at night. I'm concerned about a rotator cuff tear MRI right s; The patient received oral analgesics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has 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 completed at least 6 months of conservative treatment to include anti inflammatory medicatio and a home strengthening program and activity modificaton. She is still having progressibely worsening shoulder pain; The patient received oral analgesics.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI; The request is for shoulder pain; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Pt has done home PT excersises, and practicing RICE, to try and get relief from pain and an increase in ROM which has not helped. Pt has taken a steroid dose pack which did not help relieve him of his symptoms.; The patient received oral analgesics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI; The request is for shoulder pain; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; REST, ICE, CHANGE OF DAILY LIVING, STRETCHING; The patient received oral analgesics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI; The request is for shoulder pain; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; She has tried activity modification oral medications as well as a home exercise program without relief; The patient received oral analgesics.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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).	11 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has not been treated with medication.; 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.; Unknown	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	18 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not abnormal	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 known if surgery or arthroscopy is scheduled in the next 4 weeks.	17 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	48 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	24 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is a suspicion of fracture not adequately determined by x-ray.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	24 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; He has completed a home exercise program without improvement in shoulder pain. He has tried NSAIDs and gabapentin without relief. He has not yet had any testing of shoulder or for bilateral hand numbness. It is affecting his activities of daily living.; The patient received medication other than joint injections(s) or oral analgesics.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; The member has a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	They both hurt laterally and anteriorly.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/20/21; There has been treatment or conservative therapy.; pain, radiculopathy; steroid injection 4/15/21; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a 27 year old male who is right hand dominant and is being seen for a chief complaint of hand pain,;involving the right hand. This occurs in the context of activities of daily living. The right hand pain constantly occurs. The;right hand pain is; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a 39 year old male who is being seen for a chief complaint of arm pain, involving the right arm. This;occurred in the context of playing a sport (Ragbag) and has had no medical treatment. He has had no imaging studies.;He has had no surgical pro; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a 51 year old female who is right hand dominant and is being seen for a chief complaint of elbow pain,;involving the right elbow. This occurred in the context of slipping and falling on 02/28/2021 and has been treated with;activity modification.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	<p>This is a 55 year old male who is being seen for a chief complaint of shoulder pain, involving the left shoulder;and right shoulder. This occurred in the context of a gradual and insidious onset and has been treated with NSAIDs. He;has had no previous d; This study is being ordered for trauma or injury.; 02/24/2021; There has been treatment or conservative therapy.;</p> <p>This is a 55 year old male who is being seen for a chief complaint of shoulder pain, involving the left shoulder;and right shoulder. This occurred in the context of a gradual and insidious onset and has been treated with NSAIDs. He;has had no previous d; nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	<p>This occurred in the context of lifting a toolbox and has been treated with aspirin . He has had no imaging studies. He has had no surgical procedures. The pain has been present for 2 weeks. The right arm pain constantly occurs. The right arm pain is desc; The pain is from a recent injury.;</p> <p>Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.;</p> <p>This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	<p>unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>4 weeks or so; There has not been any treatment or conservative therapy.;</p> <p>pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	<p>wrist pain since an injury 3 months ago.She is in a splint. She just has persistent pain that has not improved. She complains more of ulnar sided pain; The pain is from an old injury.;</p> <p>The member has not failed a 4 week course of conservative management in the past 3 months.;</p> <p>This request is for a wrist MRI; This study is requested for evalutation of wrist pain.</p>	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	wrist pain; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	X-rays were unremarkable for fracture. patient has a palpable right elbow lump on exam. unknown origin. Has been there for 6 years. May have gotten bigger in that time frame .; 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 is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Advanced degeneration of left knee, Bone to bone contact is well beyond injection therapy,x-rays show terminal arthritis with bone-on-bone contact laterally and severe medial narrowing. Increased valgus alignment. Severe patellar degeneration with narr; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	chronic progressive right greater than left hindfoot pain, swelling; popping/clicking; grinding, XR, ANKLE Side: BILATERAL Radiographic Findings: evidence of osteoarticular abnormality; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	I think it would be wise for her to have a MRI of her ankle but she says she cannot have it because of the stimulator. She is able to have a CT scan however so we will order a CT scan of the ankle and midfoot.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2021; There has not been any treatment or conservative therapy.; She is here today because she has a lump on the dorsum of her left foot which is getting bigger and more painful. Physical exam: The physical exam reveals that she is well-developed and has a BMI of 36.2. Examination of her foot reveals a fullness of the ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Imaging: Radiographs left knee show loss of joint space, peripheral osteophytes, subchondral sclerosis ;;Assessment and plan: 60-year-old male with end-stage left knee arthritis. He has failed to improve with more than 3 months of medication, injection;; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Mako protocol; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Need a CT of his left knee for preop purposes to be able to perform surgery.;Left knee osteoarthritis failed nonoperative treatment with significant swelling; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	PATIENT HAS CONTINUES RT KNEE PAIN, POSSIBLE LOOSING OF TKA; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	patient is scheduled for a TKA on 4/28/21; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	pre op planning for knee replacement for mako; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Pt. getting rt. TKA on 05/04/2021.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Range of motion strengthening exercises did not help she uses cane without relief. NSAIDs are not helping, she has had prior x-rays that show significant osteonecrosis knee MRI shows osteonecrosis medial femoral condyle all the way up to the joint surface.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	status post total knee arthroplasty, abnormal pain for this time frame after surgery; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Surgery 5/17; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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 six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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 six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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 six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	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.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT.; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	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.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT.; A Total Hip Arthroplasty is being planned or has already been performed.</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	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.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	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.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.</p>	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	13 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Knee CT; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This patient has advanced Left knee DJD with chronic ACL deficiency causing instability and retained hardware in the femur and the tibia. A CT is absolutely necessary to determine amount of bone damage around the hardware and to determine if the total k; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	unknown; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	X-ray;; Weightbearing AP, Lateral, PA flexion, and Infrapatellar views of the right knee obtained today demonstrate moderate to severe narrowing medial joint space. Moderate patellofemoral joint space narrowing. ;;IMPRESSION;;Right severe medial compa; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	evaluation of popliteal injury and pre-operative planning for bilateral osteotomies; This study is being ordered for Congenital Anomaly.; 10/23/1990; There has been treatment or conservative therapy.; chronic bilateral knee pain, numbness and tingling of bilateral lower extremities, deformities of bilateal proximal tibias with excessive slope, bilatearl distal femurs are subluxed posteriorly; treated for Blount's disease using Ilizarov technique in early 90's; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	: Persistent pain/swelling not responding to conservative therapy. X-rays have ruled out fracture or loose body. and Persistent;locking of knee suggesting torn meniscus or loose body; This study is being ordered for trauma or injury.; 6 months ago; There has been treatment or conservative therapy.; The pain occurs intermittently and is associated with clicking, associated with locking, and associated with popping. In addition, the patient rates their pain as 8 out of 10 currently. The pain is associated with joint swelling.; NSAIDS, 6 WEEKS OF P/T; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; This study is being ordered for None of the above; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; It is unknown if surgery is planned.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; It is not known if patient has completed and failed a course of conservative treatment.; It is unknown if surgery is planned.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	hip:limited ROM, pain with labral loading, positive crossover sign, pain with scour, positive C sign on exam. knee:McMurray's test positive and Apley's compression test positive, limited ROM. Hip and Knee xrays were normal.; This study is being ordered for trauma or injury.; 11/26/2020; There has been treatment or conservative therapy.; hip: weakness; popping/clicking; buckling; instability; radiation down leg. knee:weakness; numbness; swelling; catching/locking; popping/clicking; instability; radiation down leg.; PT, chiropractic care; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Knee pain, initial exam; MRI right knee eval for OCD lesion; 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 None of the above; Pain greater than 3 days; Surgery is NOT being planned.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	LEFT KNEE PAIN AND RIGHT SHOULDER PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	NO; 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 None of the above; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Surgery is NOT being planned.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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>mileage just slightly. had been running prior to this without any issue. pain got worse and worse and just shut it down for 4 months. pain improved. when started back to any running pain came right back. hurts an; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The patient is a 29 year old Caucasian/White female seen in orthopedic consultation at the request of her physician, Julia L. Allen, for evaluation of pain in the lower legs (shins), BIL. The pain occurred approximately 1 year ago. The patient noticed a g; There has been treatment or conservative therapy.; Patient reports the pain is in the mid to lower (ankle) in the right and mid to upper (knee) in the left. She reports moderate to severe pain with certain activities; She was seen at the primary care provider's office recently. Evaluation at that time revealed diagnosis unknown. The patient has tired resting (no running/jogging for approx. four months), ice, NSAIDs, Tylenol,</p>	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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>patient has a gastroc contracture, ptt has ruptured, has peroneal tendonitis, will get aso, physical therapy and mri of foot and anklelf No Info Given.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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>PT IS COMPLAINING OF KNEE PAIN THAT IS CONTINUALLY GETTING WORSE; This study is being ordered for Inflammatory/ Infectious Disease.; 06/2020; There has been treatment or conservative therapy.; SEVERE KNEE PAIN ESPECIALLY IN THE RIGH KNEE AND STILL SOME PAIN IN THE LEFT KNEE, PT DID HAVE A KNEE REPLACEMENT IN JUNE OF 2020; PHYSICAL THERAPY FOR 3 WEEKS AT 2 TIMES PER WEEK; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	positive medial;Special;Left Knee: McMurray Test: positive medial;Inspection;Right Knee: mild knee effusion and medial joint line;tenderness;Inspection;Left Knee: mild knee effusion and medial joint line;ten; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 MONTHS AGO; There has been treatment or conservative therapy.; : This is a 41 year old female who presents for evaluation of bilateral knee pain (right knee hurts worse) located on;the inside of the knee. Symptoms began 6 months ago as a result of a gradual and insidious onset. The pain constantly;occurs and Squatt; She has been treated with physical therapy, which;does not worsen or relieve symptoms. She has tried steroid injections with no relief. She has also tried Synvisc in the;right knee with worsening pain. She is not taking any medications for the pain. TyI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	swelling.pain on initiation of movement and at extreme limits of range, flexion (110 degrees) and extension (-5 degrees), and no crepitus. Active Range of Motion Left: pain at initiation of movement and extreme limits of range, flexion (120 degrees) and e; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Surgery is planned in the next 30 days.; A biopsy has NOT been completed.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 not planned for within 30 days.; This study is NOT being ordered for assessment of a known fracture fragment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with immobilization for at least 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not been treated with crutches, protective boot walking cast or immobilization for at least 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI; The study is being ordered forfoot pain.; The study is NOT being ordered for chronic pain, acute pain, rule our tarsal coalition, known or suspected septic arthritis or osseomyelitis, tendonitis, neuroma or plantar fasciitis.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 MRI showed an abnormality; The ordering MDs specialty is Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Ultrasound showed an abnormality; The ordering MDs specialty is Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	12 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	8 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	28 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; It is unknown if surgery is planned.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT being planned.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; It is unknown if surgery is planned.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); Locking; Arthroscopic surgery	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	304	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Instability	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Limited range of motion	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Swelling greater than 3 days	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	10	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Surgery is being planned.; Arthroscopic surgery	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Surgery is NOT being planned.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 None of the above; Pain greater than 3 days; It is unknown if surgery is planned.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 prior to a planned or scheduled open surgery (joint replacement, etc.);"; 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; A surgery other than Arthroscopic surgery or Total Knee Arthroplasty (TKA) is being planned	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 being planned.; Arthroscopic surgery	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 None of the above; Pain greater than 3 days; Surgery is NOT being planned.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; This study is being ordered for Non-acute Chronic Pain; Surgery is being planned.; Total Knee Arthroplasty (TKA)	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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)	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	20 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Unknown; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; There is conservative treatment other than physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.; It is unknown if surgery is planned.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	She did pretty well up until recently and then started having more pain after an injury. We injected her hips in January and she did really well. She started having more pain again.; This study is being ordered for trauma or injury.; 07/01/2019; There has been treatment or conservative therapy.; pain, post left hip asx with labral repair; PT - Eval & Treat-S/P Left Hip ASX with Labral Repair, Femoroplasty 07/26/19;2xwk x 4wkk; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	27	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 mass.; It is unknown if a diagnosis of Mass, Tumor, or Cancer has been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 injury is not suspected.; 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is not for hip pain.; The member has surgery planned.; A Total Hip Arthroplasty is being planned or has already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	We are going to need the MRI of his hip and an MRI of his C-spine. MRI on his right hip to rule out gluteus medius tear and we really need to get an MRI on his C-spine he has a C5 radiculopathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2019; There has been treatment or conservative therapy.; Hip - He has pain over the greater trochanter and gluteal area along with the hamstring area and burning pain through the L3-4 dermatome.; He has a positive Trendelenburg's, he is tender to palpation directly over the proximal hamstrings.; Cervical Spin; 11 sessions of physical therapy (April - June 2021), steroid injections, home exercises, and activity modification.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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.; Yes this is a request for a Diagnostic CT ; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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	Yes, this is a request for CT Angiography of the abdominal arteries.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/04/2021; 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; ODI; 30; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; 03/29/2021; There has been treatment or conservative therapy.; known C7, T1 & T2 fracture - neck and back pain; currently going through PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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 due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; 03/29/2021; There has been treatment or conservative therapy.; known C7, T1 & T2 fracture - neck and back pain; currently going through PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Scoliosis; Radiculopathy; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	spasms. Good strength. ;;Thoracic and Lumbar Spine -prominent left-sided thoracolumbar rib hump with severe lumbar pain on extension and mild on flexion ;;Hips - Bilateral hips show full ROM without pain, tend; This study is being ordered for a neurological disorder.;; There has been treatment or conservative therapy.; chronic progressive history of back pain. The pain is worse at the right thoracolumbar junction. She occasionally has some pain into the right thigh. She does have a large hump in the left thoracolumbar area. ;Low Back Pain, Mid Back Pain, Scoliosis, tha; Describe treatment / conservative tPatient is undergoing physical therapy for thoracic and lumbar stabilization and stretching. ;;f the physical therapy does not help her she will bring a caretaker with her to discuss surgery at follow-up. We also discu; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Significant degenerative lumbar scoliosis with collapse of the right L1-2 and L3-4. Severe foraminal lateral recess stenosis on the right L1-2 and L3-4.; This study is being ordered for a neurological disorder.;; 5/27/20; There has been treatment or conservative therapy.; Back pain with degenerative lumbar scoliosis with collapse of the R L1-2 and L3-4. Severe foraminal lateral recess stenosis on the right at L1-2 and L3-4. Patient has radiculopathy to the lower extremities. Ct is required to calculate her Hounsfield sc; Home excersises and transforaminal epidural steroid injections in the joint; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; X-rays once again reviewed and he has advanced degenerative changes involving the lower lumbosacral segments primarily L4-5 and L5-S1. There is an L5-S1 grade 2 isthmic spondylolisthesis present.; Examination shows hypersensitivity in the L5 and S1 dermat; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient has progresivly worsening back pain despite conservative therapy; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 12/12/20; There has been treatment or conservative therapy.; BACK pain with severe radiculopathy; Oral Steroids, Pain program, Spine injections, spine surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; he states she occasionally has n January she started having some fairly severe right-sided low back pain. She is noted some rib and pelvic deformity on the right as well. ;cute problem is a 3 to 4-week history of progressive right C5-6/7 radiculopathy ; ; This study is being ordered for Congenital Anomaly	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; severe pain and numbness in Cervical spine and right shoulder; in 2019 she took IBU and Tylenol. ON 6/12/2021 she took naproxen and Tylenol.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on plain film, Congenital anomaly or deformity of the spine, Pre-epidural evaluation to rule out infection or tumor,;or to evaluate optimal location for injection, Persistent back and neck pain, Persistent back or neck pain with radiculo; The pain has been present,for 6 years.; There has been treatment or conservative therapy.; chronic low back pain, involving the spine. Context of bulging discs, degenerative disc disease, Chiari malformation. he spine pain is aggravated by all movement and is constant. The spine pain is described as burning,;associated with pins and needle-lik; She has been treated with medications (muscle relaxants and Meloxicam). She has had the following procedures: Chiari malformation surgery 2x.; This study is being ordered for Congenital Anomaly	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	BILATERAL ANKLE (TIBIA) MRI FOR ANKLE PAIN, AND MRI C SPINE FOR CERVICAL PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	He has pain over the greater trochanter and gluteal area along with the hamstring area and burning pain through the L3-4 dermatome.;He has a positive Trendelenburg's, he is tender to palpation directly over the proximal hamstrings. 4 view x-rays of the r; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2020; There has not been any treatment or conservative therapy.; Patient reports that he has had throbbing pain in his right hip for about 6 months. He was previously seen for problems in his left hip, and he said this pain in the right hip feels similar. He is also having pain in his left shoulder, and is having troub; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	known c7, t1, t2 fracture; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	MVA-07/09/2021 with traumatic brain injury and right-sided hemiplegia; This study is being ordered for Congenital Anomaly.; 10/30/2018; There has been treatment or conservative therapy.; Progressing curve-scoliosis 50 degree; PT/Rehab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/14/2021; There has been treatment or conservative therapy.; pain in the neck and shoulder; PT/OT, supplements; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient has a relevant surgical history of multiple neck and lumbar spine surgeries 2 level 2013 left sided ACDF, 2014 L3-L5 lumbar spine hemi laminectomy.; 09/22/2020; There has been treatment or conservative therapy.; There is left convex lumbar;scoliosis with apex at the L2-3 level and mild leftward rotatory;component measuring 28 degrees maximal angulation.; prior back surgery; This study is being ordered for Other	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	CONSERVATIVE TREATMENT WITH NO PAIN RELIEF; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PATIENT HAS HAD SHOULDER AND NECK SYMPTOMS FOR MANY YEARS, SHE HAS DIMINSHED STRENGTH, SLIGHT WEAKNESS,SLIGHTLY DIMINISHED ABDUCTION STRENGTH, NECK PAIN MAY BE RADICULAR IN NATURE, TAKES MOBIC AND HAS HAD INJECTIONS, CHANGE IN ACTIVITY WITH NO RELIEF.; There has been treatment or conservative therapy.; NECK PAIN,POSSIBLY RADICULAR IN NATURE,POSSIBLE IMPINGMENT SYNDROME, LIMITED RANGE OF MOTION, HAS HAD INJECTIONS, TAKES MOBIC, SHOULDER PAIN WITH OCCASIONAL WEAKNESS WITH LIFTING, DIMINSHED ABDUCTION STRENGTH; PT TAKES MOBIC, HAS HAD INJECTIONS AND CHANGE IN ACTIVITY WITH NO RELIEVING FACTORS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	They both hurt laterally and anteriorly.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/20/21; There has been treatment or conservative therapy.; pain, radiculopathy; steroid injection 4/15/21; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Focal upper extremity weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 has a neurologic deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; It is unknown if any of these apply to the patient	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 does not have any of the above listed items	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Abnormal Reflexes	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	12 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 04/14/2021; There has been treatment or conservative therapy.; Scapula and thoracic pain; Steroids, anti inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	known c7, t1, t2 fracture; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does 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 can not lift push nor pull anything anymore.suspected disc bulge heriation.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; He has clonus and hyperreflexia and extreme pain in his back and legs with extension. He either has a neurologic process that is developed or he has cord compression that is developed since his previous studies over a year ago. I would recommend an up-to-	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI; This study is being ordered for None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; he states she occasionally has n January she started having some fairly severe right-sided low back pain. She is noted some rib and pelvic deformity on the right as well. ;;cute problem is a 3 to 4-week history of progressive right C5-6/7 radiculopathy ; ; This study is being ordered for Congenital Anomaly	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on plain film, Congenital anomaly or deformity of the spine, Pre-epidural evaluation to rule out infection or tumor,;or to evaluate optimal location for injection, Persistent back and neck pain, Persistent back or neck pain with radiculo; The pain has been present;for 6 years.; There has been treatment or conservative therapy.; chronic low back pain, involving the spine. Context of bulging discs, degenerative disc disease, Chiari malformation. he spine pain is aggravated by all movement and is constant. The spine pain is described as burning,;associated with pins and needle-lik; She has been treated with medications (muscle relaxants and Meloxicam). She has had the following procedures: Chiari malformation surgery 2x.; This study is being ordered for Congenital Anomaly	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	spasms. Good strength. ;;Thoracic and Lumbar Spine -prominent left-sided thoracolumbar rib hump with severe lumbar pain on extension and mild on flexion ;;Hips - Bilateral hips show full ROM without pain, tend; This study is being ordered for a neurological disorder.;; There has been treatment or conservative therapy.; chronic progressive history of back pain. The pain is worse at the right thoracolumbar junction. She occasionally has some pain into the right thigh. She does have a large hump in the left thoracolumbar area. ;Low Back Pain, Mid Back Pain, Scoliosis, tha; Describe treatment / conservative tPatient is undergoing physical therapy for thoracic and lumbar stabilization and stretching. ;;f the physical therapy does not help her she will bring a caretaker with her to discuss surgery at follow-up. We also discu; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has a relevant surgical history of multiple neck and lumbar spine surgeries 2 level 2013 left sided ACDF, 2014 L3-L5 lumbar spine hemi laminectomy.; 09/22/2020; There has been treatment or conservative therapy.; There is left convex lumbar;scoliosis with apex at the L2-3 level and mild leftward rotatory;component measuring 28 degrees maximal angulation.; prior back surgery; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has reached maximum therapy treatment, needing imaging to determine what to do next.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/23/2016; There has been treatment or conservative therapy.; significant tenderness over the right greater trochanteric bursa and over the posterior superior iliac spine near the sacroiliac joint. He does have mild pain with maximal hip flexion internal rotation.; home exercises and steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Significant degenerative lumbar scoliosis with collapse of the right L1-2 and L3-4. Severe foraminal lateral recess stenosis on the right L1-2 and L3-4.; This study is being ordered for a neurological disorder.; 5/27/20; There has been treatment or conservative therapy.; Back pain with degenerative lumbar scoliosis with collapse of the R L1-2 and L3-4. Severe foraminal lateral recess stenosis on the right at L1-2 and L3-4. Patient has radiculopathy to the lower extremities. Ct is required to calculate her Hounsfield sc; Home excersises and transforaminal epidural steroid injections in the joint; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	30 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Abnormal Reflexes	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	11 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; 12/12/20; There has been treatment or conservative therapy.; BACK pain with severe radiculopathy; Oral Steroids, Pain program, Spine injections, spine surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	As the patient exhibits potential red flag symptoms of urinary incontinence, sexual dysfunction, and saddle paresthesia; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the tail bone (coccyx).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 03-29-2021; There has been treatment or conservative therapy.; SEROMA; SURGERY, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	wrist and right hand. Volar plate and screws are present in the distal radius. Distal radius fracture appears well-healed. No articular step-offs. Radial inclination and volar tilt have been maintained. Orthopedi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Wrist - 7 years ago;Hand - 2 months ago; There has been treatment or conservative therapy.; Right-hand-dominant patient with a history of a right wrist fracture with ORIF in Oklahoma about 7 years ago. He had surgery with Dr. Dennis Rivero at Muskogee Bone & Joint Sports Medicine Clinic. ;He reports that over the past month or 2 he has develope; Wrist - surgery and splinting;Hand - NSAIDs, prescription medication, splinting and activity modification; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	wrist and right hand. Volar plate and screws are present in the distal radius. Distal radius fracture appears well-healed. No articular step-offs. Radial inclination and volar tilt have been maintained. Orthopedi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Wrist - 7 years ago;Hand - 2 months ago; There has been treatment or conservative therapy.; Right-hand-dominant patient with a history of a right wrist fracture with ORIF in Oklahoma about 7 years ago. He had surgery with Dr. Dennis Rivero at Muskogee Bone & Joint Sports Medicine Clinic. ;He reports that over the past month or 2 he has devalo; Wrist - surgery and splinting;Hand - NSAIDs, prescription medication, splinting and activity modification; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	LEFT KNEE PAIN AND RIGHT SHOULDER PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/14/2021; There has been treatment or conservative therapy.; pain in the neck and shoulder; PT/OT, supplements; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	ROTATOR CUFF TEAR; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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 not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	16 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Mechanism of injury was a laceration that isn't healing properly. Just need to rule out ligmentous injury; The patient received oral analgesics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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).	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 arthroscopy is scheduled in the next 4 weeks.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not scheduled in the next 4 weeks.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The study is for post operative evaluation.; There are not physical or plain films findings of delayed or failed healing.; There are not documented physical or plain film findings of prosthetic device dislocation.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 04/14/2021; There has been treatment or conservative therapy.; Scapula and thoracic pain; Steroids, anti inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	ROTATOR CUFF TEAR; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Vascular insufficiency along the radial artery distribution of the left upper extremity.;Reported history suggests vascular occlusion during a hospitalization at Jefferson regional Medical Center in June 2020.; Is this a request for one of the following? MR Angiogram Upper Extremity	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	7/1/2021; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	AP, lateral, and flex views of the right knee demonstrate severe bone on bone joint space narrowing medial compartment. ;Impression: Moderately severe medial compartment osteoarthritis.; DX: Right knee moderately severe osteoarthritis.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	CT scan will be obtained prior to surgery. Robotic assisted right total knee arthroplasty will be scheduled in the next few weeks.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	End stage osteoarthritis, KL grade 4 lateral narrowing- pain with ambulation as well as ADL; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	He has been taking nsuids for this complaint for 1 year or longer. He has tried exercises including stretching of involved extremity. He has had activity modifications to treat this complaint with the following restrictions: home chores/hobbies. He has us; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	I think it would be wise for her to have a MRI of her ankle but she says she cannot have it because of the stimulator. She is able to have a CT scan however so we will order a CT scan of the ankle and midfoot; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2021; There has not been any treatment or conservative therapy.; She is here today because she has a lump on the dorsum of her left foot which is getting bigger and more painful. Physical exam: The physical exam reveals that she is well-developed and has a BMI of 36.2. Examination of her foot reveals a fullness of the ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Left knee osteoarthritis failed nonoperative treatment with significant swellingplan to proceed with left total knee arthroplasty; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	need a CT of her RT knee for preop purposes to be able to perform surgery.Right knee osteoarthritis failed nonoperative treatment.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Need a CT of his LT knee for preop purposes to be able to perform surgery.;4 views left knee consistent with moderate to severe left knee arthritis. Failed nonoperative treatment.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is being scheduled for a TKA on 6/21/2021. Provider wants a CT for preop evaluation.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is scheduled for a right Tka on 06/16/21. Physician wants to get a CT scan prior for surgical planning.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT SCHEDULED FOR TOTAL KNEE ARTHROPLASTY WITH DR. JD ALLEN DUE TO DEGENERATIVE ARTHRITIS OF LEFT KNEE; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT STATES THAT SHE IS HAVING INCREASING PAIN THAT IS AFFECTING HER DAILY LIFE AND THAT SHE JUST CAN'T DO WHAT SHE USE TO DO TO BECAUSE OF THE PAIN; This study is being ordered for trauma or injury.; 05/26/2021; There has been treatment or conservative therapy.; PAIN AND DIFFICULTY IN WALKING, AND THE EVERY DAY ACTIVITIES THAT SHE USE TO DO SHE CAN NO LONGER DO; PT HAD A NCV/EMG AND STEROID INJECTIONS, PAIN MGMT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	pt. fell over the weekend ripped open incision and hardware came out . need ct for preop evaluation and fracture; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	She did pretty well up until recently and then started having more pain after an injury. We injected her hips in January and she did really well. She started having more pain again; This study is being ordered for trauma or injury.; 07/01/2019; There has been treatment or conservative therapy.; pain, post left hip asx with labral repair; PT - Eval & Treat-S/P Left Hip ASX with Labral Repair, Femoroplasty 07/26/19;2xwk x 4wkx; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Steroid injection really did not help that much. She is having problems with activities of daily life. She has pain with prolonged standing or walking. She has difficulty getting around without a cane or walker with severe range of motion strengthening ex; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	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.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	TKA is scheduled on 5/26/21; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	TKA January 2021. Looking for aseptic loosening. Abnormal finding on plain film.;Symptoms include swelling, feelings of giving way, inability to bear weight, stiffness, and weakness. The patient describes symptoms as aching and sharp. Symptoms worsen wit; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	X-rays of the left foot and ankle AP and lateral with weightbearing and oblique views were done in the clinic today, reviewed and interpreted that showed there is fracture of the calcaneus close to the calcaneocuboid joint.;I suspect some comminution at ; This study is being ordered for trauma or injury.; 4/15/2021; There has not been any treatment or conservative therapy.; Patient is 20 years old, female, who presents to my clinic for the first time complaining of history of trauma over the left foot when she fell down stairs at the hotel on 4/15/2021. She said that she reinjured it on 4/26/2021 when she slipped on water.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	XRAY: Significant joint space narrowing with diffuse osteophyte formation 4 views left knee consistent with moderate to severe left knee arthritis;ASSESSMENT: Failed nonoperative treatment.He has difficulty with prolonged standing or walking.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; unknown start date chronic pain over several years per patient; There has been treatment or conservative therapy.; bilateral knee pain for over several years, no injury. recent xrays normal , instability, weakness in bilateral legs.; NSAIDS, pain meds ,steroid injections, physical therapy, Home exercises, RICE, all conservative therapy has been tried and failed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This is a 62 year old female who presents for evaluation of left knee pain. Symptoms began 1 year ago as a;result of slipping and falling on 03/22/2020 . The pain is sharp. In addition, the patient rates their pain as 8 out of 10;currently. The pain is ; There has not been any treatment or conservative therapy.; This is a 62 year old female who presents for evaluation of left knee pain. Symptoms began 1 year ago as a;result of slipping and falling on 03/22/2020 . The pain is sharp. In addition, the patient rates their pain as 8 out of 10;currently. The pain is ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;" There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Ankle heel insertion of the Achilles bilateral; This is a request for a bilateral ankle MRI.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	BILATERAL ANKLE (TIBIA) MRI FOR ANKLE PAIN, AND MRI C SPINE FOR CERVICAL PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	evaluate for possible meniscus and muscle tears in left leg; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	PATIENT STATES THAT SHE IS HAVING INCREASING PAIN THAT IS AFFECTING HER DAILY LIFE AND THAT SHE JUST CAN'T DO WHAT SHE USE TO DO TO BECAUSE OF THE PAIN; This study is being ordered for trauma or injury.; 05/26/2021; There has been treatment or conservative therapy.; PAIN AND DIFFICULTY IN WALKING, AND THE EVERY DAY ACTIVITIES THAT SHE USE TO DO SHE CAN NO LONGER DO; PT HAD A NCV/EMG AND STEROID INJECTIONS, PAIN MGMT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	PT IS COMPLAINING OF KNEE PAIN THAT IS CONTINUALLY GETTING WORSE; This study is being ordered for Inflammatory/ Infectious Disease.; 06/2020; There has been treatment or conservative therapy.; SEVERE KNEE PAIN ESPECIALLY IN THE RIGH KNEE AND STILL SOME PAIN IN THE LEFT KNEE, PT DID HAVE A KNEE REPLACEMENT IN JUNE OF 2020; PHYSICAL THERAPY FOR 3 WEEKS AT 2 TIMES PER WEEK; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	The patient experiences stiffness, limping, locking and giving way, pain 8/10, x-rays normal, no response to all conservative measures, rule out Bilateral patellar chondromalacia possible plica; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient has had recurrent BILATERAL KNEE pain for several years, has been seen & treated by previous ortho, seen and treated in our office since May 7; There has been treatment or conservative therapy.; unresolved bilateral knee pain, most recent cortico steroid injections did not help; Patient has had nsajds, bracing, rest, ice and injections in BILATERAL knees; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is not planned for within 30 days.; This study is NOT being ordered for assessment of a known fracture fragment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 known fracture.; The study is being ordered to evaluate a possible non union fracture.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a walking cast for at least 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; No treatments are underway or completed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 anti-inflammatory medication for at least 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 orthotics for at least 6 weeks.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Locking was noted on the physical examination; The ordering MDs specialty is Orthopedics.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Non-acute Chronic Pain; Instability; It is unknown if surgery is planned.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 None of the above; Swelling greater than 3 days; Surgery is NOT being planned.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI; The patient had recent plain films of the knee.; The plain films were normal.; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Knee brace; The ordering MDs specialty is Orthopedics.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 a Knee immobilizer; The ordering MDs specialty is Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a reason other than ankle pain.; The study is not requested for any of the standard indications for Knee MRI	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	obtained, demonstrating the following findings: There is lateral patella tilt. There is no fracture. Visual;inspection of the joint reveals no joint space narrowing. Soft tissue exam shows normal soft tissue.;X-; This study is being ordered for trauma or injury.; This is a 25 year old female who presents for evaluation of bilateral knee pain (right knee worse) located on the;front of the knee. Symptoms began 10 years ago as a result of a gradual and insidious onset; There has been treatment or conservative therapy.; The pain constantly;occurs and is aching and dull. In addition, the patient rates their pain as 8 out of 10 currently. The pain is associated;with joint swelling and weakness.; She has been treated with physical therapy, which does not worsen or relieve symptoms, rest, ice, and elevation, which does not worsen or relieve symptoms, narcotics, Norco twice a day that;partially alleviates symptoms, NSAIDs, which does not worsen or ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Bilateral hip pain, bilateral trendelenburg gait, bilateral discomfort with internal rotation; This study is being ordered for trauma or injury.; 6/8/21; It is not known if there has been any treatment or conservative therapy.; Bilateral hip pain, bilateral trendelenbur gait, bilateral discomfort with internal roatation.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	He has pain over the greater trochanter and gluteal area along with the hamstring area and burning pain through the L3-4 dermatome.;He has a positive Trendelenburg's, he is tender to palpation directly over the proximal hamstrings. 4 view x-rays of the r; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2020; There has not been any treatment or conservative therapy.; Patient reports that he has had throbbing pain in his right hip for about 6 months. He was previously seen for problems in his left hip, and he said this pain in the right hip feels similar. He is also having pain in his left shoulder, and is having trouble; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	patient has reached maximum therapy treatment, needing imaging to determine what to do next.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/23/2016; There has been treatment or conservative therapy.; significant tenderness over the right greater trochanteric bursa and over the posterior superior iliac spine near the sacroiliac joint. He does have mild pain with maximal hip flexion internal rotation.; home exercises and steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 request 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.	13	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 request 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	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 03-29-2021; There has been treatment or conservative therapy.; SEROMA; SURGERY, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Orthopedics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/04/2021; 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; ODI; 30; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Osteopath	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Osteopath	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.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 with neurologic symptoms/findings best describes the reason that I have requested this test.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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"; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Admitted s/p MVC at 70 mph. No LOC, + airbags. Patient was driver. Scattered abrasions. Only identified injury was ICA L side grade 1 luminal narrowing at level of C1. She was started on ASA. ASPEN left in place due to continued tenderness. Swallow eval a; This study is being ordered for trauma or injury.; 06/03/21; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	HIGH GRADE STENOSIS WITH AN EXTENSIVE CARDIAC HISTORY; This study is being ordered for Vascular Disease.; 5/4/2008; There has been treatment or conservative therapy.; CARDIAC MURMUR;DIZZINESS;CLAUDICATION THAT IS WORSE ON THE RIGHT SIDE THAN THE LEFT; CORONARY ARTERY BPASS GRAFT;LISINAPRIL; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PATIENT WITH HISTORY OF TIA, PRESENTING WITH INCREASED DIZZINESS; This study is being ordered for Vascular Disease.; 02/16/2020; There has been treatment or conservative therapy.; HEADACHES, DIZZY SPELLS, OCCASIONAL HEART PALPITATIONS; ASA/PLAVIX/STATIN/ANTIHYPERTENSIVES FOR CVA PREVENTION, AHA DIET ADHERENCE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Admitted s/p MVC at 70 mph. No LOC, + airbags. Patient was driver. Scattered abrasions. Only identified injury was ICA L side grade 1 luminal narrowing at level of C1. She was started on ASA. ASPEN left in place due to continued tenderness. Swallow eval a; This study is being ordered for trauma or injury.; 06/03/21; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	HIGH GRADE STENOSIS WITH AN EXTENSIVE CARDIAC HISTORY; This study is being ordered for Vascular Disease.; 5/4/2008; There has been treatment or conservative therapy.; CARDIAC MURMUR;DIZZINESS;CLAUDICATION THAT IS WORSE ON THE RIGHT SIDE THAN THE LEFT; CORONARY ARTERY BPASS GRAFT;LISINOPRIL; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PATIENT WITH HISTORY OF TIA, PRESENTING WITH INCREASED DIZZINESS; This study is being ordered for Vascular Disease.; 02/16/2020; There has been treatment or conservative therapy.; HEADACHES, DIZZY SPELLS, OCCASIONAL HEART PALPITATIONS; ASA/PLAVIX/STATIN/ANTIHYPERTENSIVES FOR CVA PREVENTION, AHA DIET ADHERENCE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.	7	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; 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.; This is NOT a Medicare member.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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 a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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 Parkinson's disease best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there has been any treatment or conservative therapy.; diagnosed breast cancer with the possibility of bone lesions; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there has been any treatment or conservative therapy.; metastatic breast cancer, evaluation of treatment/staging; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	; There has been treatment or conservative therapy.; restaging scans; surgery; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	1/3/2018; There has been treatment or conservative therapy.; CHEMO INDUCED FATIGUE, CANCER PAIN; UAMS OP GYN WEEKLY TAXOL + BEV; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	02/19/2016; There has been treatment or conservative therapy.; Invasive Squamous Cell Carcinoma of the Cervix; S/p Taxol/Carboplatin;Brachytherapy; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	03/8/2019; There has been treatment or conservative therapy.; Triple Negative Invasive mammary duct carcinoma of the left breast.; Surgery.; s/p left breast biopsy, 03/08/19; Left breast lumpectomy 9/25/2019;Neoadjuvant Chemotherapy.; Taxotere/Cytosoxan 4/23/19 - 9/3/2019;Radiation.; Completed 12/30/2019; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	4/6/2020; There has been treatment or conservative therapy.; Stage IIA Invasive Ductal Breast Cancer; CHEMOTHERAPY.; Adriamycin/Cytosoxan start 4/21/2020-6/30/2020; Taxol start 7/28/2020-Completed 10/13/20; Zoladex start 4/21/2020- Ongoing; Femara start date 12/8/2020- Ongoing;Radiation.; Referral to Dr Woo made 12/8/2020; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	6/18/2018; There has been treatment or conservative therapy.; prostate cancer; COMPLETED TREATMENTS.; Firmagon 8/6/2018- 11/5/2019; Taxotere 4/16/2019 - 9/24/2019; Xtandi 160 mg QD start date 10/25/2019- Ongoing; Zometa 10/8/2019- Ongoing; Eligard start date 10/8/2019- Ongoing; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	Ascending Aortic Aneurysm; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	CHEST XRAY SHOWS RIGHT BASE INFILTRATE AND RIGHT PLEURAL EFFUSION; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	INITIAL WORK UP PULMONARY NODULE FOUND ON XRAY; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	Multiple irregular imagines have been completed since 2019. Provider states patient needs his CT, Their health is at risk.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	Patient with incidental finding on chest xray during preoperative exam.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	please see attached clinical information.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	R/O pulmonary mass; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Coughing up blood (hemoptysis) describes the reason for this request.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	71250 Computed tomography, thorax; without contrast material	unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 not have new or changing neurologic signs or symptoms.; The 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The cervical spine is stiff and tender to palpation. Palpation of the cervical facet reveals pain in c3 - c7 region on both the sides, tenderness and Facet Loading Test positive. There is pain noted with extension of cervical spine. There is pain noted wi; 02/21/2021; There has been treatment or conservative therapy.; Pain in the neck, back, B/L shoulders and B/L knees. Pain is aching, numbing, pins & needles, sharp, throbbing & tingling. The pain radiates to the back, B/L into the head, B/L LE & B/L U/E. States SHE CONTINUES TO HAVE SEVERE PAIN IN HER T & C SPINE. STA; Patient has had physician directed medication therapy, home physical therapy and exercises. Is also seeing a rheumatologist; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT a Medicare member.; The patient has Focal upper extremity weakness	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient has a neurologic deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 neurological deficit; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 been treated with a facet joint or epidural injection within the past 6 weeks	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspected tumor	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The cervical spine is stiff and tender to palpation. Palpation of the cervical facet reveals pain in c3 - c7 region on both the sides, tenderness and Facet Loading Test positive. There is pain noted with extension of cervical spine. There is pain noted w/ 02/21/2021; There has been treatment or conservative therapy.; Pain in the neck, back, B/L shoulders and B/L knees. Pain is aching, numbing, pins & needles, sharp, throbbing & tingling. The pain radiates to the back, B/L into the head, B/L LE & B/L U/E. States SHE CONTINUES TO HAVE SEVERE PAIN IN HER T & C SPINE. STA; Patient has had physician directed medication therapy, home physical therapy and exercises. Is also seeing a rheumatologist.; This study is being ordered for Inflammatory / Infectious Disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for 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.; Region tender to palpation: thoracic T8 region, lumbar/sacral;Muscle spasms palpated: none;Inspection of spine reveals poor posture s/t scoliosis ;Trunk flexion does not cause back pain.;Trunk extension does not cause back pain.;Lumbar facet loading	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for 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.; Will upload notes.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	UNKNOWN.; PAIN WORSENE ON 05/22/21; It is not known if there has been any treatment or conservative therapy.; PAIN IS INT THE CENTER OF HER BACK AND R LATERAL RIBS. SHE REPORTS THAT THURSDAY IS WHEN THE PAIN STARTED. THE PAIN IS INTERMITTANT AND WORSE WHEN CHANGING POSITIONS.; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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 NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	8	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	8	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 an Abnormal nerve study (EMG) involving the lumbar spine; This is a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is a Medicare member.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Follow-up to spine injection in the past 6 months	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); The patient has None of the above	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Focal extremity weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Dermatoma sensory changes on physical examination	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 bowel or bladder dysfunction	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	UNKNOWN.; PAIN WORSENE ON 05/22/21; It is not known if there has been any treatment or conservative therapy.; PAIN IS INT THE CENTER OF HER BACK AND R LATERAL RIBS. SHE REPORTS THAT THURSDAY IS WHEN THE PAIN STARTED. THE PAIN IS INTERMITTANT AND WORSE WHEN CHANGING POSITIONS.; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	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.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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 physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a preoperative or recent postoperative evaluation.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; cyclobenziprine;gabapentin;hydrocodone	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 for infection.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Her symptoms are decreased by sitting. She has used ibuprofen, valium, Tramadol, Pain management, PT, chiropractor, all with little relief of symptoms. Heat/ice gives her 'a little relief'.; Rates pain 2/10 constantly and 7/10 intermittently (when raising; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; hip pain; There has been treatment or conservative therapy.; Pain to buttocks, hips, and thighs, worse being right side. Constant dull ache to lower back with sharp "after bending over it's the getting back up, laundry, feels a grinding sensation." Sitting decreases pain.; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not for hip pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; It is not known if there has been any treatment or conservative therapy.; diagnosed breast cancer with the possibility of bone lesions; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; It is not known if there has been any treatment or conservative therapy.; metastatic breast cancer, evaluation of treatment/staging; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There has been treatment or conservative therapy.; restaging scans; surgery; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	1/3/2018; There has been treatment or conservative therapy.; CHEMO INDUCED FATIGUE, CANCER PAIN; UAMS OP GYN WEEKLY TAXOL + BEV; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	02/19/2016; There has been treatment or conservative therapy.; Invasive Squamous Cell Carcinoma of the Cervix; S/p Taxol/Carboplatin;Brachytherapy; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	03/8/2019; There has been treatment or conservative therapy.; Triple Negative Invasive mammary duct carcinoma of the left breast.; Surgery.; s/p left breast biopsy, 03/08/19; Left breast lumpectomy 9/25/2019;Neoadjuvant Chemotherapy.; Taxotere/Cytosoxan 4/23/19 - 9/3/2019;Radiation.; Completed 12/30/2019; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	4/6/2020; There has been treatment or conservative therapy.; Stage IIA Invasive Ductal Breast Cancer; CHEMOTHERAPY.; Adriamycin/Cytosoxan start 4/21/2020-6/30/2020; Taxol start 7/28/2020-Completed 10/13/20; Zoladex start 4/21/2020- Ongoing; Femara start date 12/8/2020- Ongoing;Radiation.; Referral to Dr Woo made 12/8/2020; 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	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	6/18/2018; There has been treatment or conservative therapy.; prostate cancer; COMPLETED TREATMENTS.; Firmagon 8/6/2018- 11/5/2019; Taxotere 4/16/2019 - 9/24/2019; Xtandi 160 mg QD start date 10/25/2019- Ongoing; Zometa 10/8/2019- Ongoing; Eligard start date 10/8/2019- Ongoing; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	January 2020; It is not known if there has been any treatment or conservative therapy.; unintentional weight loss, down to 70 pounds.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anergyism or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Family history is positive for a cousin who had sudden death at 17 years of age with no explained cause. History of ADHD, Depression, PTSD.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/16/2008, mitral valve prolapse, arrhythmia, left atrial/ventricular dilation. Please evaluate with late gadolinium enhancement for malignant MVP variant; There has been treatment or conservative therapy.; daily palpitations, feels that heart abruptly begins racing and skipping beats with some associated dizziness, chest pressure, and shortness of breath. Symptoms typically last less than a few minutes and then resolve in a fairly abrupt manner; Echocardiogram, Holter monitor, EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the abdominal arteries.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient has a lifetime risk of 20% using IBIS Risk Model. Patient's mother was diagnosed with breast cancer at 63. Patient has scattered areas of fibroglandular density. Radiologist recommends MRI for further evaluation.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	family history of cad; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/29/2021; There has not been any treatment or conservative therapy.; chest pain; shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; The member does not have known or suspected coronary artery disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for congestive heart failure; The member does not have known or suspected coronary artery disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Congenital Anomaly.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; This study is being ordered for none of the above or don't know.; EKG has been completed; The EKG was considered abnormal; The abnormality was not listed; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 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 post operative evaluation.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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 year since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 16-34 years old.; The member has NOT tested positive for Coronavirus (Covid 19)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is being ordered by a Cardiologist.; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure.; This is for the initial evaluation of heart failure.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	5 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 speciality is not Cardiology or Cardiac Surgery	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; Enter score here The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/13/2021; 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; 25; DHI; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/27/2021; FOREARM esrb; 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.; QD; 40; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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); Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Changing neurologic symptoms best describes the reason that I have requested this test.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	2/9/2021; There has been treatment or conservative therapy.; ; CHEMOTHERAPY; Taxol/Carbo 3/2/2021-3/30/2021;;RADIATION; Has 8 tx left as of 4/6/2021; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	2019; There has been treatment or conservative therapy.; This is a follow up after treatment; Chemotherapy; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal xray of chest.; A Chest/Thorax CT is being ordered.; 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest Pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	dx abnormal chest xray, nodule to right lower lung, +Tob abuse; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	January 2020; It is not known if there has been any treatment or conservative therapy.; unintentional weight loss, down to 70 pounds.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Lung nodule, 6mm, high cancer risk, initial follow up exam ;History of Covid; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Masses were found through er on 04/04/2021; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt c/o wheezing; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	right middle lobe pulmonary nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; This study is being ordered due to known or suspected multiple sclerosis (MS) infection or abscess.; There is a reason why the patient cannot have a Cervical Spine MRI.; Paraspinal abscess	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of asymmetric reflexes.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; unknown; There has been treatment or conservative therapy.; pain; Requesting work note to be off for the duration of PT for his back injury. I did not prescribe the PT. He reports ortho did. He did not see ortho that I referred him to. He saw ortho referral through Med Express. Advised pt I will need to request his reco; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Daily normal activities decreasing due to injury pain worsening.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pain; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; pain; home exercise .pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; The patient has None of the above	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 New symptoms of paresthesia evaluated by a neurologist	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 new onset or changing radiculitis / radiculopathy	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a neurological disorder.; 03/11/21; There has been treatment or conservative therapy.; 57 year old female presents for continued neck and back. She was seen 2 weeks for same. She was moving some heavy boxes and started having worsening pain. She states the gabapentin and steroid was not helpful. Pain starts at neck and radiates to lower bac; Toradol shot today and increase gabapentin to 300 TID. She needs to contact pain management regarding the pain medi57 year old female presents for continued neck and back. She was seen 2 weeks for same. She was moving some heavy boxes and started having w; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 20 plus years; There has been treatment or conservative therapy.; pain, weakness, tingling; Physical therapy, neurontin, lyrica, injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for Other	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 / 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had PT and pain meds as well as steroids do not correct pain.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Severe pain is limiting mobility.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Will upload clinicals	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; unknown; There has been treatment or conservative therapy.; patient had back surgery in 2016 and now pain has worsened and is having to wear back brace for mobility.; steroid and exercise; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	WORSENING PAIN X 15 MONTHS. INJURED WHILE IN PRISION. PATIENT WAS SEEN IN THE ER DAYS AGO DUE TO THE PAIN.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for Other	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; unknown; There has been treatment or conservative therapy.; pain; Requesting work note to be off for the duration of PT for his back injury. I did not prescribe the PT. He reports ortho did. He did not see ortho that I referred him to. He saw ortho referral through Med Express. Advised pt I will need to request his reco; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	BACK PAIN AND SHOULDER PAIN ARE WORSE.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Daily normal activities decreasing due to injury pain worsening.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had PT and pain meds as well as steroids do not correct pain.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Severe pain is limiting mobility.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Trauma or recent injury	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	19 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Follow-up to spine injection in the past 6 months	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Abnormal Reflexes	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 New symptoms of paresthesia evaluated by a neurologist	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	8 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 a neurological disorder.; 03/11/21; There has been treatment or conservative therapy.; 57 year old female presents for continued neck and back. She was seen 2 weeks for same. She was moving some heavy boxes and started having worsening pain. She states the gabapentin and steroid was not helpful. Pain starts at neck and radiates to lower bac; Toradol shot today and increase gabapentin to 300 TID. She needs to contact pain management regarding the pain medi57 year old female presents for continued neck and back. She was seen 2 weeks for same. She was moving some heavy boxes and started having w; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 20 plus years; There has been treatment or conservative therapy.; pain, weakness, tingling; Physical therapy, neurontin, lyrica, injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; unknown; There has been treatment or conservative therapy.; patient had back surgery in 2016 and now pain has worsened and is having to wear back brace for mobility.; steroid and exercise; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	WORSENING PAIN X 15 MONTHS. INJURED WHILE IN PRISION. PATIENT WAS SEEN IN THE ER DAYS AGO DUE TO THE PAIN.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	failed physical therapy and injections for treatment on Coccydynia; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	patient is in continuing pain; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient was referred to PT w/o relief. He reports 10 out 10 on pain scale in testicle area. PT called to let us know that they are going to stop seeing patient because they are providing no relief for the patient.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	73200 Computed tomography, upper 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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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 physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	BACK PAIN AND SHOULDER PAIN ARE WORSE.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	pain; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; pain; home exercise .pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 analgesics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; cyclobenzaprine;medrol pak;sling for arm;otc pain medication	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is a suspicion of fracture not adequately determined by x-ray.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 02/26/2021; There has been treatment or conservative therapy.; She continues to have pain across both sides of her lower back. The pain radiates into both groin areas and hips and down the anterior thighs to mid thigh level; Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient pain is worsening; This study is being ordered for trauma or injury.; 3/15/2021; There has been treatment or conservative therapy.; Severe pain in right and left hips, falling; physical therapy and meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 vascular disease.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; It is not known if there is evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	2/9/2021; There has been treatment or conservative therapy.; ; CHEMOTHERAPY;; Taxol/Carbo 3/2/2021-3/30/2021;;RADIATION;; Has 8 tx left as of 4/6/2021; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	2019; There has been treatment or conservative therapy.; This is a follow up after treatment; Chemotherapy; 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	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); unknown; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Pt was seen at ER and they advised she may have a renal artery blockage; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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 not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	Family history is positive for a cousin who had sudden death at 17 years of age with no explained cause. History of ADHD, Depression, PTSD.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/16/2008, mitral valve prolapse, arrhythmia, left atrial/ventricular dilation. Please evaluate with late gadolinium enhancement for malignant MVP variant; There has been treatment or conservative therapy.; daily palpitations, feels that heart abruptly begins racing and skipping beats with some associated dizziness, chest pressure, and shortness of breath. Symptoms typically last less than a few minutes and then resolve in a fairly abrupt manner; Echocardiogram, Holter monitor, EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the abdominal arteries.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; It is not known if this patient have axillary node adenocarcinoma.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	left nipple discharge/w pain and skin thickening; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 20 to 29	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 less than 20	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	abnormal ekg; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has not been any treatment or conservative therapy.; chest tightness;sob ;palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	CRUSHING CHEST PAIN WHEN EPISODES OCCUR.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 YEAR AGO; There has not been any treatment or conservative therapy.; CHEST PAIN RADIATE TO LEFT ARM WITH EXERTIONAL SHORT OF BREATHE WITH NUMBNESS AND TINGLING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	SUSPECTED CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; tachycardia ;high blood pressure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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 Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	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 Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	abnormal ekg; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has not been any treatment or conservative therapy.; chest tightness;sob ;palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	CRUSHING CHEST PAIN WHEN EPISODES OCCUR.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 YEAR AGO; There has not been any treatment or conservative therapy.; CHEST PAIN RADIATE TO LEFT ARM WITH EXERTIONAL SHORT OF BREATHE WITH NUMBNESS AND TINGLING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	family history of cad; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/29/2021; There has not been any treatment or conservative therapy.; chest pain; shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 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 post operative evaluation.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; tachycardia ;high blood pressure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Other	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material	After biopsy in 2016 patient opted out of surgery. Now has Face/Scalp: very large probably 15 cm ulcerative central parietal/occipital scalp lesion with bleeding and drainage, no signs of CSF leak. No images done in years.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	3	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is suspicion of neoplasm, or metastasis.ostct"	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	23 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is a pre-operative evaluation for a known tumor of the middle or inner ear.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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-operative evaluation for a known tumor of the middle or inner ear.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	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"; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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"; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	maybe neurologic? maybe viral ? will try to get ct see if mandibular nerve is exposed.;;mouth has no visible lesion. posterior lateral tongue is tender but main tenderness in over posterior mandible along the mylohyoid line anterior to the lingula; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The time since onset is unknown; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	15 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 time since onset is unknown; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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); Yes this is a request for a Diagnostic CT	39 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); Yes this is a request for a Diagnostic CT	11 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	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.; HOARSENESS; SPEECH THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	After biopsy in 2016 patient opted out of surgery. Now has Face/Scalp: very large probably 15 cm ulcerative central parietal/occipital scalp lesion with bleeding and drainage, no signs of CSF leak. No images done in years.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2020; There has been treatment or conservative therapy.; facial pressure and pain, nasal obstruction , nasal drainage and congestionNeck - tender and growing in size; tried antibiotics, nasal sprays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Follow up after completion of radiation therapy and chemotherapy December 21, 2020. Had respiratory failure resulting in trachesotomy 4-19-2021 with subsequent secretions that have not resolved with completed antibiotic therapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Follow up thyroid nodules. She was last seen here on 09/24/20 for her yearly thyroid ultrasound and follow up. She reported difficulty swallowing certain foods and having to swallow multiple times to get anything down. She reported feeling like her throat; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Order is for 1mm cuts for surgical planning.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Patient is an 82-year-old gentleman here with his daughter today who translated for him today who reports that he developed Covid in December 2020. After that since that time he has had a mild persistent globus sensation described as a fullness, pressure; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	RESTAGING OF TONGUE CANCER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if surgery is scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Audiometric exam showed worse in right ear compared to the left ear; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 Years ago; There has not been any treatment or conservative therapy.; Hearing loss, postil tenuities and in right ear only; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Audiometric exam showed worse in right ear compared to the left ear; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 Years ago; There has not been any treatment or conservative therapy.; Hearing loss, postil tenuities and in right ear only; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 post-operative evaluation.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicion of neoplasm, tumor or metastasis	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Make sure not a growth on the nerve of hearing; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 weeks ago, first week of May; It is not known if there has been any treatment or conservative therapy.; Neck swelling with pain; neck mass; lipoma - ruling out cancer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Unilateral pulsatile tinnitus. Pt reports that when pressure is placed on area of left carotid area, pulsation stops and tinnitus decreases. The tinnitus has increased in volume since her last MRA and is very bothersome to her. Her hearing test shows norm; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Unilateral pulsatile tinnitus. Pt reports that when pressure is placed on area of left carotid area, pulsation stops and tinnitus decreases. The tinnitus has increased in volume since her last MRA and is very bothersome to her. Her hearing test shows norm; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 dizziness.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for Vascular Disease.; 4 mths; There has not been any treatment or conservative therapy.; pulsatile tinnitus and eye pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Because of unilateral tinnitus and some dizzy episode she has had and the severe vertigo attack that she had, I think it would be reasonable to go ahead and just get an MRI scan of the IACs; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing vertigo	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	CT was denied, stating that an mri could be approved. doctor is now ordering an mri.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; A metabolic work up was not done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	evaluation of Meniere's disease. Patient reports dizziness, loss of hearing, and ringing.;The tinnitus is roaring in nature and present much of the time. She also has a history of migraine headaches and occasionally gets vertigo which is debilitating for; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	37	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; A metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The lab results were abnormal.; The patient is experiencing loss of smell.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	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.; HOARSENESS; SPEECH THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	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 beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	Follow up after completion of radiation therapy and chemotherapy December 21, 2020. Had respiratory failure resulting in trachesotomy 4-19-2021 with subsequent secretions that have not resolved with completed antibiotic therapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	Follow up thyroid nodules. She was last seen here on 09/24/20 for her yearly thyroid ultrasound and follow up. She reported difficulty swallowing certain foods and having to swallow multiple times to get anything down. She reported feeling like her throat; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	Patient came in with hoarseness for several weeks. The flexible laryngoscopy shows paralysis of left vocal cords. Dr. Whitt would like to do a CT scan of chest to make sure there is no chest lesion.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	Patient is an 82-year-old gentleman here with his daughter today who translated for him today who reports that he developed Covid in December 2020. After that since that time he has had a mild persistent globus sensation described as a fullness, pressure; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	RESTAGING OF TONGUE CANCER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	72192 Computed tomography, pelvis; without contrast material	Member's mass in on buttocks and not pelvis. MDO advised by IP that this is the exam needed.; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; It is not known if there documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/16/2021; 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; unknown; Neck Index; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Disapproval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Radiology Services Denied Not Medically Necessary	This is a request for a temporomandibular joint MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	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 request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2020; There has been treatment or conservative therapy.; facial pressure and pain, nasal obstruction , nasal drainage and congestionNeck - tender and growing in size; tried antibiotics, nasal sprays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Sinusitis,chronic or recurrent; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 follow-up to trauma.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 immune-compromised.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); Yes this is a request for a Diagnostic CT	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	PLAN: MRI scan of her brain. I think we would need to rule out something more significant, but also would like to look for plaques given at young age of 26. Secondly, a CT scan of her neck and chest has been ordered to rule out any ;sort of other caus; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if surgery is scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	tounge cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 4 mths; There has not been any treatment or conservative therapy.; pulsatile tinnitus and eye pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Make sure not a growth on the nerve of hearing; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 weeks ago, first week of May; It is not known if there has been any treatment or conservative therapy.; Neck swelling with pain; neck mass; lipoma - ruling out cancer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	PLAN: MRI scan of her brain. I think we would need to rule out something more significant, but also would like to look for plaques given at young age of 26. Secondly, a CT scan of her neck and chest has been ordered to rule out any ;sort of other caus; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Known or suspected infection best describes the reason that I have requested this test.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Otolaryngology	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	tounge cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pathology	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 with neurologic symptoms/findings best describes the reason that I have requested this test.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Patient has right spastic hemiplegic cerebral palsy; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Follow up MRI, history of a lipomyelomeningocele, Chiari 1 malformation; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 'None of the above' describes the congenital anomaly of the skull.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 type of congenital anomaly is unknown.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Unknown; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Congenital malformation of peripheral vascular system, unspecified; This is a request for an MR Angiogram of the chest or thorax	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Follow up MRI, history of a lipomyelomeningocele, Chiari 1 malformation; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Follow up MRI, history of a lipomyelomeningocele, Chiari 1 malformation; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.; 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.; There is weakness.; Trouble walking now is having to use a walker.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Follow up MRI, history of a lipomyelomeningocele, Chiari 1 malformation; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 as a Pre-operative evaluation	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 6 weeks of completed conservative care in the past 6 months	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73200 Computed tomography, upper extremity; without contrast material	Medical Decision Making; X-ray Interpretation; 4 views: PA, lateral, elevated lateral, and oblique of the right wrist were obtained and reveal a comminuted extra-articular distal radius fracture which is displaced and angulated. There is also an associate; This study is being ordered for trauma or injury.; 4/8/2021; There has not been any treatment or conservative therapy.; The patient is a pleasant 61-year-old right-hand-dominant female who is seen today with complaints of right wrist and elbow pain following injury last Thursday on 4/8/2021. Patient states she was moving a trash can when she fell onto an outstretched right; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Assessment; 1. Left volar wrist swelling - possible ganglion; ; Plan; 1. I reviewed the patient's exam and x-ray findings with him today. I advised his area of swelling is slightly atypical for a volar ganglion, therefore I have recommended obtaining an M; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Medical Decision Making;X-ray Interpretation;4 views: PA, lateral, elevated lateral, and oblique of the right wrist were obtained and reveal a comminuted extra-articular distal radius fracture which is displaced and angulated. There is also an associate; This study is being ordered for trauma or injury.; 4/8/2021; There has not been any treatment or conservative therapy.; The patient is a pleasant 61-year-old right-hand-dominant female who is seen today with complaints of right wrist and elbow pain following injury last Thursday on 4/8/2021. Patient states she was moving a trash can when she fell onto an outstretched right; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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 is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	There is a positive Neer and Hawkins test. Mild crepitation with shoulder shrugging appreciated behind the scapulothoracic articulation. Mild pain with Spurling maneuver of the cervical spine. No improvement with any form of conservative treatment. Chroni; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/1/2018; There has been treatment or conservative therapy.; chronic worsening left shoulder and neck pain. pain has gotten worse and radiates from her shoulder sometimes down to the forearm.; NSAIDs, 6+ weeks of physician directed home exercises, activity modification, repeated steroid injections which gave mild relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Wrist pain, persistent, neg xray ;Wrist pain, medial/ulnar, neg xray ;Wrist pain, rheumatoid arthritis suspected ;Wrist trauma, neurovasc./lig/tendon injury suspected ;traumatic arthritis Left wrist; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for trauma or injury.; 02/9/2021; There has been treatment or conservative therapy.; tenderness to palpation, swelling and pain.; cam boot, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal 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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal 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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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 normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 01/18/2021; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; ; ; 04/05/2021; The evaluation date is not in the future; Date of onset is within the last 6 months; Three or more visits anticipated; Therapy type is Neuro Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 04/04/2021; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Date of onset is within the last 6 months; The patient recently suffered either a CVA or TBI; RIPA-2; Moderate to Severe; 04/14/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 04/22/2021; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; ; ; 05/11/2021; The evaluation date is not in the future; Date of onset is within the last 6 months; Three or more visits anticipated; Therapy type is Neuro Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is language or articulation; Mild functional deficits supported by standardized assessments; The member is 0-3 years old; ; ; 04/13/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Habilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; Swallow Study; 80; 04/09/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; the primary condition is not Cognitive Linguistic Impairment, Dysphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; IN CLINICALS; IN CLINICALS; 03/09/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; ; ; 04/30/2021; The evaluation date is not in the future; One visit anticipated; Habilitative; Therapy type is Habilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The members is under 16 years old.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is NOT being ordered by a Cardiologist.; Post operative exam for cardiac intervention best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/05/2021; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/06/2021; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/23/2021; 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; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/16/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/01/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; PDFI-20; 109.79; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/06/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/07/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; PFDI; 140.63; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/08/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/09/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/11/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/13/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/14/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 12/24/2020; Date of onset is within the last 4 months; BERG; 67%; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/15/2021; 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; Foto; 45; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/15/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/19/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; PDFI20; 37.5; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Treatment goal is to update an existing home program or piece of equipment.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/21/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/23/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/23/2021; Carpal tunnel release and deQuervain's release procedures; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/27/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/29/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/04/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/04/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/06/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/06/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 04/22/2021; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/10/2021; Carpal tunnel release; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/11/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/20/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	08/21/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/28/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/05/2021; No patient history 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; NIH; ; NIH; 18-5-12; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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: ; FOTO; FOTO; 56; 56; 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 being treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; 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 cause referred pain best describes the patient's presentation; Lower	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 03/23/2021; No patient history 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; none; none; The anticipated number of visits is other than 2.; none; none; The anticipated number of visits is other than 2.; 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 hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/01/2020; bilateral hip dislocation, reconstruction of the left heel and ankle; 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 anticipated; Hoos, JR; 43.3; The anticipated number of visits is other than 2.; FOTO; 29/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Severe functional	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/14/2021; No patient history 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; Lower extremity functional scale; 22 percent function; The anticipated number of visits is other than 2.; Oswestry disability function; 78 percent disability; The anticipated number of visits is other than 2.; 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 hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/15/2021; No patient history 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; PSFS; 70%; The anticipated number of visits is other than 2.; PSFS; 70%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; 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 patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/21/2021; No patient history 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; in house eval; Mobility 65%;Changing Body Positions 60%;Carrying/moving objects 35%;Self-care 70%; The anticipated number of visits is other than 2.; in house evaluation; Mobility 65%;Changing Body Positions 60%;Carrying Moving objects 35%;Self-care 70%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/23/2021; No patient history 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; pfdi; 91/300; The anticipated number of visits is other than 2.; ; 25%; The anticipated number of visits is other than 2.; 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 Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild or moderate functional	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/26/2021; No patient history 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; Lower Extremity Functional Scale; 20% functional; The anticipated number of visits is other than 2.; Lower Extremity Functional Scale; 20% functional; The anticipated number of visits is other than 2.; 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 hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/07/2021; No patient history 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: ; Oswestry; 36%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Oswestry; 36%; The anticipated number of visits is other than 2.; 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 hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th;</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Pelvis/Hip request: ; PROGRESS NOTE; ; The anticipated number of visits is other than 2.; PROGRESS NOTE; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region;	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 03/18/2021; No patient history 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: ; Questions about your Shoulder request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; ; 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; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate objective and functional	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 01/07/2021; 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; KOS; KOS; 27; 27; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/15/2021; 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; Lower Extremity Functional Scale; Lower Extremity Functional Scale; 25 percent functional; 25 percent functional; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/19/2021; 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; WOMAC; WOMAC; 18%; 18%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 03/31/2021; 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; FOTO; 31; The anticipated number of visits is other than 2.; Non-Surgical; FOTO; 31; The anticipated number of visits is other than 2.; 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; 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 clinical presentation; Mild or moderate functional deficits due to	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/05/2021; 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; LEFS; 16 out of 80 = 20%; The anticipated number of visits is other than 2.; Non-Surgical; Modified Oswestry; 60%; The anticipated number of visits is other than 2.; 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; 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 clinical presentation; Mild or moderate	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/29/2021; 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; LEFS; 50; The anticipated number of visits is other than 2.; Non-Surgical; Oswestry; 45; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/11/2021; 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; LEFS; 35; The anticipated number of visits is other than 2.; Non-Surgical; Oswestry; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/10/2021; 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; ; LEFS; 73; The anticipated number of visits is other than 2.; Three or more visits anticipated; LEFS; 73; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/15/2021; 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; FOTO; 44; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; FOTO; 44; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 03/26/2021; No patient history 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; none; none; The anticipated number of visits is other than 2.; None; None; The anticipated number of visits is other than 2.; 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 hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04-13-2021; No patient history 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.; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Pregnancy related lumbopelvic pain best describes the patient's clinical</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/15/2021; No patient history 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; LEFS; 16/80 = 20%; The anticipated number of visits is other than 2.; Modified Oswestry; 62%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/15/2021; No patient history 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; N/A; N/A; The anticipated number of visits is other than 2.; FOTO; 50; The anticipated number of visits is other than 2.; 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 hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/22/2021; No patient history 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; Foto; 48; The anticipated number of visits is other than 2.; Foto; 48; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/07/2021; No patient history 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; OSWESTRY; 66; The anticipated number of visits is other than 2.; OSWESTRY; 66; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/18/2021; No patient history 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; lower extremity; 30; The anticipated number of visits is other than 2.; lower extremity; 30; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; 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 patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/18/2021; No patient history 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; Modified Oswestry Low Back Pain; 58 % disability / 42 % functional; The anticipated number of visits is other than 2.; Modified Oswestry Low Back Pain; 58 % disability / 42 % functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 03/31/2021; No patient history 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 visits is other than 2.; Non-Surgical; ; The anticipated number of visits is other than 2.; 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; 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 clinical presentation; Mild or moderate functional deficits due to lumbopelvic</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/01/2021; No patient history 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; Lower Extremity Function Scale; 80%; The anticipated number of visits is other than 2.; Non-Surgical; Modified Oswestry Low Back Pain; 70%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/18/2021; No patient history 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; LEFS; 47.5; The anticipated number of visits is other than 2.; Non-Surgical; Oswestry; 40; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; FOTO; 52%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 54%; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/02/2021; No patient history 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: ; Oswestry; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; Oswestry; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; FOTO; 53; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 56; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; FOTO; 21; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 20; FOTO; 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; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/13/2021; No patient history 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 more visits anticipated; FOTO Lumbar; 41%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; FOTO Lumbar; 41%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/21/2021; No patient history 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; OSWESTRY; 20%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 20%; OSWESTRY; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; FOTO; 40; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; OSWESTRY; 44; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 44; NDI; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; FOTO; 39.81%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 55.81%; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; in house evaluation; Mobility 60%;Changing Positions 50%;Carrying/Moving Objects 40%;Self Care 80%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Mobility 60%;Changing Positions 50%;Carrying/Moving Objects 40%;Self Care 80%; in house tool; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/04/2021; 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: ; LEF; 39/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; LEF; 39/80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; 47; 47; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 33; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; OSWESTRY; 70%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 32 (64%); NECK; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; FOTO; 42/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 42/100; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; FOTO; 46%; The anticipated number of visits is other than 2.; 46%; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; FOTO; 47; The anticipated number of visits is other than 2.; 33; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body 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;; PROGRESS NOTE; ; The anticipated number of visits is other than 2.; ; PROGRESS NOTE; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three</p>	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body 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; Fracture was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for first pass is Fracture; Body Part for second pass is Fracture; Previous auth data retrieved, type of habilitation = Rehabilitative; 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.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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: ; LOWER EXTREMITY FUNCTIONAL INDEX (LEIF); LOWER EXTREMITY FUNCTIONAL INDEX (LEIF); 37.5%; 37.5%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/12/2021; No patient history in the past 90 days; Evaluation dates less 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; NA; NA; Non-Surgical; The anticipated number of visits is other than 2.; 70%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/22/2021; No patient history in the past 90 days; Evaluation dates less 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 anticipated number of visits is other than 2.; 18; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/23/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 31.82/100; Non-Surgical; The anticipated number of visits is other than 2.; 15 30%; NECK; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impariments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body 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; 04/27/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 52%; Non-Surgical; The anticipated number of visits is other than 2.; 48%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body 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; 04/27/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO; FOTO; Non-Surgical; The anticipated number of visits is other than 2.; 42; FOTO; 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; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/29/2021; No patient history in the past 90 days; Evaluation dates less 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; UEFS; 79; Non-Surgical; The anticipated number of visits is other than 2.; 79; UEFS; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/08/2021; 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 other than 2.; ; ; Therapy type is Rehabilitative;; ; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body 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.; oswestry; 62; 52; OSWESTRY; 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 patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/13/2021; No patient 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; LEFS; 69; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; UEFS; 50; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/04/2021; No patient 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 other than 2.; Non-Surgical; Therapy type is Rehabilitative; Walk Velocity;ABC Score;TUG; ; 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; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/07/2021; No patient history in the past 90 days; Evaluation dates less 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; Foto, NDI; Foto 63, NDI 42; Non-Surgical; The anticipated number of visits is other than 2.; 42; NDI; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/11/2021; No patient 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: ; Lower Extremity Functional Scale - Initial; 70%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Upper Extremity Quick DASH - Initial; 70%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate objective and functional</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/02/2021; 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 more visits anticipated; FOTO; 70; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; FOTO; 70; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/26/2021; 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 more visits anticipated; ; ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; ; ; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/05/2021; 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; Shoulder 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; The anticipated number of visits is other than 2.; Modified Owestry; 22%; Therapy type is Rehabilitative; Modified Owestry; 22%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Severe functional deficits due to thoracic/lumbar impairments with</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Elbow; 05/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/19/2021; ORIF of right colles fracture, manipulation of right elbow with repair of tendons and ligaments of right elbow; 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; UPPER EXTREMITY QUICK DASH; 63%; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Elbow; 05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/15/2021; removal of hardware right humerus, excision of heterotopic ossification right humerus; 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; quick dash; 59.09%; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Knee;  04/07/2021; 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; LOWER EXTREMITY FUNCTIONAL SCALE; 35%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Knee;  04/12/2021; 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; LOWER EXTREMITY FUNCTIONAL SCALE; 61%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Knee;  04/13/2021; 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; LOWER EXTREMITY FUNCTIONAL SCALE; 49%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee;  04/20/2021; 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; lower extremity functional scale; 38%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Knee;  04/27/2021; 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; LOWER EXTREMITY FUNCTIONAL SCALE; 36%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Knee;  05/03/2021; 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; LOWER EXTREMITY FUNCTIONAL SCALE; 40%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 05/18/2021; 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; LEF; 44%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; Enter name of tool here Enter score here Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; foto; 44; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; Foto; 45; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; FOTO; 53; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; foto; 54; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; KOS; 45.71%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; LEFS; 50; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; LEFS; 56; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; LEFS; 66/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; Lower Extremity Functional Index; 35/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	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; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; FOTO; 33/100; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	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; 04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 52%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 68%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 04/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 48%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 04/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 12/100; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is Lumbar Spine; 05/10/2021; No patient history 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: ; Three or more visits anticipated; BACK INDEX; NECK INDEX; 56%; 22%; 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; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 56%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 04/13/2021; 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; 54%; NECK INDEX; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 05/04/2021; 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; Activities-Specific Balance Confidence Scale; 78%; 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); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 05/11/2021; 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; LOWER EXTREMITY FUNCTIONAL SCALE; 24%; 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 Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 04/15/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 64%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Shoulder; 05/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/01/2021; left shoulder arthroscopy with posterior labral repair; 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; QUICK DASH; 79.54%; Post-Op; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; ; FOTO Shoulder; 49% Functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; ; FOTO; 50; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; ; FOTO; 62; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; progress note; ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; Quickdash; 31.81%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; ROM assessment; Pain levels; 75; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; Upper Extremity Quick DASH; 50; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; Upper Extremity Quick DASH; 73; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; upper Extremity Quick Dash; Previous findings were a 23/100 which is 77% functional and is now 20/100 and is 80% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Modified Oswestry, 30 second chair stand test, TUGs; Modified Oswestry score of 30/100.; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Thoracic Spine/Chest; 04/13/2021; 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 Thoracic Spine/Chest 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; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 02/26/2021; 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; ; 59 foto; 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 with minimal 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/06/2021; ORIF left humerus;capitulum; 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; Upper Extremity Quick DASH; 11.36% functional; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; Upper Extremity Quick DASH; 22%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/13/2021; 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.; Quick DASH; 57; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/14/2021; 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.; Foto; Foto 56 ;Dash 40.7; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/22/2021; No patient history 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; PELVIC STABILITY SUPINE; 50%; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/01/2021; No patient history 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; Lower Extremity Functional Scale; 49/80; The 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 treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/04/2021; No patient history 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; FOTO; 37%; The 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 treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/04/2021; No patient history 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; Lower Extremity Functional Scale; 21; The 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 treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/12/2021; No patient history 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; VISUAL EXTERNAL EXAM; 50%; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04-07-2021; No patient history 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; Lower extremity functional tool; 27; The 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 treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/02/2021; No patient history 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/06/2021; No patient history 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; LEFS; 83; The 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 treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/06/2021; No patient history 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; MODIFIED OSWESTRY; 46%; The 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 treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/08/2021; No patient history 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; FIQR; 57.5; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/08/2021; No patient history 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; LEFS; 36; The 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 objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/08/2021; No patient history 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; MODIFIED OSWESTRY LOW BACK PAIN; 40/100; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/12/2021; No patient history 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; OPTIMAL INSTRUMENT; 66% Functional; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/14/2021; No patient history 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/14/2021; No patient history 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; none; n/a; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/16/2021; No patient history 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; EXAMINATION; 75%; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2021; R Hip Labral repair; 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; foto; 48; The 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.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/21/2021; No patient history 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; EXAMINATION; 50%; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/26/2021; No patient history 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/27/2021; No patient history 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; PFDI; 46; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/29/2021; No patient history 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; LEFS; 71.25; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/29/2021; No patient history 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; PSFS; 42%; The 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.; 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 patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/06/2021; No patient history 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; ; 32%; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/06/2021; No patient history 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; LEFS; 31/80; The 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.; 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 patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/06/2021; No patient history 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; Lower Extremity Functional Scale; 38%; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/07/2021; No patient history 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/15/2021; S/P RESECTION OF LEFT PROXIMAL FEMUR OSTEOLIPOMA; 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; FOTO, LEFS; FOTO 34, LEFS 17.7; The 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 objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/17/2021; No patient history 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; foto; 27; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/17/2021; No patient history 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; INITIAL EXAMINATION; 50; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/17/2021; No patient history 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; INITIAL EXAMINATION; 85; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/18/2021; No patient history 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; INITIAL EXAMINATION; 50; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/18/2021; No patient history 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; LEFS; 75; The 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 treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/11/2021; RIGHT TOTAL HIP; 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; N/A; 50%; The 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 treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/20/2021; No patient history 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; LEFS; 75%; The 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.; 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 patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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 organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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 describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; FIQR; 41; 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 the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; FOTO; 59; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign 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 patient's presentation;; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; Lower Extremity Functional Scale; 34; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; Lower Extremity Functional Scale; 72%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; oSWESTRY; 4%; 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 describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; PFIQ AND VULVAR PAIN; 167;;18; 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 cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; 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:	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03-31-2021; 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; LEF; 38/80; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/30/2021; 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; None; None; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/31/2021; 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; FOTO; 35/100; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/01/2021; 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; in house tool; Mobility (Walking & Moving Around):60%;Carrying, Moving & Handling Objects 50%; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/02/2021; 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; FOTO; 60; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/06/2021; 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; foto; 55; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/06/2021; 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; Lower Extremity Functional Scale; 47/80; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/07/2021; 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; FOTO; 43; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/08/2021; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/09/2021; 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; ; 50; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/09/2021; 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; LEFS; 0; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/13/2021; 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; Lower Extremity Functional Scale; 55%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/14/2021; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/20/2021; 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; FOTO; 33%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/20/2021; 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; LEFS; 29%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/20/2021; 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; LEFS; 58%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/21/2021; 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; FOTO Knee; 35% Functional; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/21/2021; 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; LEFS; 49; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/22/2021; 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; LEFS (Lower extremity functional scale); 57.5%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/23/2021; 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; in house evaluation; Mobility 55%;Changing Maintaining Positions 65%;Carrying and Moving objects 55%;Self Care 85%; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/26/2021; 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; ; 63; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/29/2021; 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; in house tool; Mobility 30%;Changing/Maintaining Body positions 30%;Carrying and Moving Objects 10%; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/29/2021; 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; LEFS; 20%; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/03/2021; 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; LOWER EXTREMITY FUNCTIONAL SCALE; 55% FUNCTIONAL; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/03/2021; 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; WOMAC; 31%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/05/2021; 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; LEFS; 51; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/10/2021; 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; KOS; 84.29%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/12/2021; 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; Lower Extremity Functional Scale; 62% functional; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/14/2021; 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; foto; 41; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/17/2021; 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; LEFS; 27.5; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/17/2021; 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; LEFS; 60/80; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/17/2021; 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; Lower Extremity Functional Scale; 17%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/17/2021; 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; Lower Extremity Functional Scale; 52%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/18/2021; 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; in house evaluation; Mobility 45%; Changing Body Positions 50%; Carrying Objects 35%; Self Care 55%; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/18/2021; 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; KOOS Jr.; 20; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/19/2021; 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; lower extremity; 21; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ODI/MDQ; 68; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 94; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 68; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 46; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 37 Foto test; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 65%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 36%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry; 24; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY QUESTIONNAIRE; 74%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04-27-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 26/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry; 54%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; NO DEVICE; 33%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Lower Extremity Functional Score; 21%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 36%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; in house eval; changing and maintaining positions 65%;carrying moving and handling objects 45%;self-care 65%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ODI; 32%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 38%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back; 50%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; in house evaluation; Mobility 40%; Changing body positions 40%; Carrying/moving objects 20%; Self-care 40%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ODI; 60%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 48; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/17/2019; LAMINECTOMY; 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; OSWESTRY; 25%; The 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 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Low Back Pain Disability Questionnaire; 29%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 84%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 58; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back; 34%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 16%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; In house tool; Mobility 65%;changing positions 65%;carrying and moving objects 45%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 56; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 30%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; in house evaluation; Mobility 65%; Changing Body Positions 70%; Carrying and Moving Objects 55%; Self Care 85%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 60%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; REVISED OSWESTRY; 40%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Low Back Pain Disability Questionnaire; 38%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Low Back Pain Disability Questionnaire; 72%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 66; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; 46; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Low Back Pain Disability Questionnaire; 40%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; 53; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 70%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 40; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 48; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/14/2021; LUMBAR FUSION; 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; PSFS; 64%; The 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 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 43; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; 50; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; INITIAL EVALUATION; ; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 46%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 47; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back; 40%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 16; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry; 26; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; PSFS; 62%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ODI/MDQ; 54; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 40; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry; 52; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ODI; 76; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; PSFS; 92%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry LB; 43/50; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Foto; 67.04; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; in house; Mobility 30%;Changing Positions 30%;Carrying Objects 20%;Self Care 50%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 25%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 60% FUNCTIONAL; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 25; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTERY BACK PAIN QUESTIONNAIRE; 78%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; FOTO LUMBAR; 36% FUNCTIONAL; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; foto; 43; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; foto; 44; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; FOTO; 50/100; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; LOW BACK PAIN QUESTIONNAIRE; 84%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; MedX Normative Analysis Relative Strength Test; Patient has made good progress but demonstrates below average strength between ranges 12 to 36 degrees; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; MODIFIED OSWESTRY LOW BACK PAIN; 30/100; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; Modified Oswestry Low Back Pain; 75%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; Modified Oswestry Low Back; 54%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; OSWESTERY BACK PAIN QUESTIONNAIRE; 80%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; OSWESTRY; 10/100; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; oswestry; 14%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; Oswestry; 16%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; OSWESTRY; 38/100; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; PSFS; 40%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/13/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/12/2021; 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; Lower Extremity Functional Scale; 53.75; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/31/2021; 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: ; PSFS; 60%; 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: 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 type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/08/2021; 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; FOTO; 32.37; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/09/2021; 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; 50; Oswestry; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/23/2021; Orthopaedic hardware removal; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; LEFS; 30; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/03/2021; External fixation; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/14/2021; 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; 60; FOTO; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/15/2021; 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; SEE CLINICALS; SEE CLINICALS; 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 Decline in independence with mobility (walking or wheelchair mobility); 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/15/2021; 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; FOTO; 70; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/19/2021; 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; 54%; Neck Disability Index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/20/2021; 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; 48; foto; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/26/2021; REMOVAL HARWARE FOOT, RETAINED IMPLANT L FOOT; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; MAC-10 FALL ASSESSMENT;BERG BALANCE; 50; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/22/2021; 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; 24; NDI; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/05/2021; ORIF; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request;; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/26/2021; 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; 46%; Neck Disability Index; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/26/2021; 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; 53; FOTO; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/27/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/27/2021; 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; IN CLINICALS; IN CLINICALS; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/28/2021; 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; 24; NECK DISABILITY INDEX-INITIAL VISIT; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/29/2021; 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; 40%; Neck Disability Index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/29/2021; 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; 50; UNKNOWN; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/30/2021; 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: ; Foto; 47; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/04/2021; 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; ; foto; 42; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/06/2021; 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; changing body position 40%;carrying objects 20%;self-care 30%; in house tool; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/10/2021; 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; LEFS; 65; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/12/2021; 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; 47; FOTO; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/12/2021; 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; 62%; Neck Disability Index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/17/2021; 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; 42%; Neck Disability Index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/20/2021; 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; 32/50; Neck disability Index; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/20/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan;	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/27/2021; No patient history in the past 90 days; Evaluation dates less 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; none; none; Non-Surgical; 48% functional; neck disability index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; None of the above best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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;; Modified Oswestry back pain; Separate tool not employed. Same functional percent 44%; Neither Pre-Op, Post-Op or Non-Surgical; 44%; Modified Oswestry; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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 moderate; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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; Previous auth data retrieved, type of habilitation = Rehabilitative; 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 auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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; Previous auth data retrieved, type of habilitation = Rehabilitative; 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 auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; SEE CLINICALS; SEE CLINICALS; 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 Decline in independence with mobility (walking or wheelchair mobility); 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 Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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; SEE CLINICALS; SEE CLINICALS; 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 Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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;; 23; NECK DISABILITY INDEX; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; Foto; 63; 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 presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; LEF; 61/80; 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 presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/14/2021; No patient history in the past 90 days; Evaluation dates less 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/03/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick DASH; 50; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/17/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick DASH; 70; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/10/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick DASH; 30; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/12/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO; 47; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/26/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO; 56; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/30/2021; No patient history in the past 90 days; Evaluation dates less 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; Foto; 43; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/31/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 59%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/01/2021; No patient history in the past 90 days; Evaluation dates less 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2021; shoulder arthroscopy; 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; in house; Body Positions 60%, Carrying Objects 20%, Self Care 50%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/06/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 52%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/08/2021; No patient history in the past 90 days; Evaluation dates less 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; Quick dash; 59; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/09/2021; No patient history in the past 90 days; Evaluation dates less 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; Quick Dash; 23; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/12/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO; 47; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/23/2021; right rotator cuff repair; 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; strength, ROM, pain,functional evaluation; she is 30% functional; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/21/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick Dash; 57%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/23/2021; No patient history in the past 90 days; Evaluation dates less 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; Foto; 45; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/22/2021; Arthroscopic anterior labral repair and capsulorrhaphy of right shoulder; 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; FOTO; 27; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/08/2021; LEFT ROTATOR CUFF REPAIR; 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; QUICK DASH; 76%; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/07/2021; biceps tenodesis and distal clavicle excision; 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; Quick DASH; 43%; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/14/2021; Right shoulder scope; 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; Quick DASH; 56.8%; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/28/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO; S8; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/28/2021; No patient history in the past 90 days; Evaluation dates less 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; INITIAL EXAMINATION; ; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/29/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 50%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/05/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO; 18; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/05/2021; No patient history in the past 90 days; Evaluation dates less 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; Quick Dash; 36; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/05/2021; No patient history in the past 90 days; Evaluation dates less 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; UEFS; 75; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/06/2021; No patient history in the past 90 days; Evaluation dates less 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; foto outcome measures; 54; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/06/2021; No patient history in the past 90 days; Evaluation dates less 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; QuickDASH; 65; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/10/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick DASH; 23% functional; 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 moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/10/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick Dash; 63%; 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 moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/17/2021; No patient history in the past 90 days; Evaluation dates less 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; Quick Dash; 27%; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/18/2021; No patient history in the past 90 days; Evaluation dates less 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/15/2021; RIGHT SHOULDER ARTHROSCOPY WITH LABRAL REPAIR; 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; QUICK DASH; 58%; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/19/2021; No patient history in the past 90 days; Evaluation dates less 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; NECK; 25/100; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/30/2021; Right Shoulder rotator cuff tear; 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; FOTO; 50; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/20/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 20%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/17/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 27.3% LEFT SHOULDER;34.1% RIGHT SHOULDER; Non-Surgical; The anticipated number of visits is other than 2. ; ; ; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; None of the above; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/31/2021; 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.; foto; 41; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/31/2021; 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.; foto; 52; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/21/2021; 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.; N/A; N/A; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/27/2021; 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.; in house tool; Mobility 60%;Body Position 45%;Carrying and Moving Objects 35%;Self Care 60%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/04/2021; 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.; UNKNOWN; 45; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/11/2021; 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.; MODIFIED OSWESTRY; 12; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/13/2021; 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.; in house; Mobility 40%;Changing position 30%;Carrying Objects 20%;Self Care 40%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/13/2021; 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.; oswestry; 56; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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.; foto; 66; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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.; NONE; NONE; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 04/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/08/2021; R carpal tunnel release; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Upper Extremity Quick Dash; 46%; The 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 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/18/2021; 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; FOTO; 50; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Upper Extremity Quick Dash; 66%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Upper Extremity Quick Dash; 91%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Second Pass check point; 04/21/2021; 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; SEE CLINICALS; SEE CLINICALS; 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.; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/18/2020; Gun shot wound repair/debris removal near spinal and spleen removal.; Post-Op; 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; FOTO; 30; The anticipated number of visits is other than 2.; Post-Op; FOTO; 30; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/01/2021; Total Knee Replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request.; Three or more visits anticipated; KOS; 25.71; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/02/2021; Tibial Plateau - surgical repair of malalignment of left knee and healing fracture of left tibial plateau; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 7.8; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/19/2021; LEFT TOTAL KNEE REPLACEMENT; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 16 PERCENT FUNCTIONAL; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/03/2021; Left knee tendon repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Foto; 61; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/29/2019; TKA left knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 56; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/02/2021; TIBIAL TUBERCLE OSTECTOMY AND MPFL RECONSTRUCTION WITH SEMITENDINOSIS GRAFT; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; INITIAL EVALUATION; ; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; First Pass; Body Part for first pass is Knee; 05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/22/2021; left knee arthroscopy with chondroplasty patella, tibial tubercle anterior medialization; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 11%; Post-Op; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/15/2021; TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request ; Three or more visits anticipated; Sit to stand test;Gait ;Tekdyne instrument for quad measurements;Knee FLEX and EXT measurements; 75% functional; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/02/2021; Medial and Lateral meniscus repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request ; Three or more visits anticipated; foto; 35; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/28/2020; ACL reconstruction via autologous patellar tendon autografting and lateral meniscus repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lower extremity functional scale; 49/80; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/30/2021; KNEE ARTHROPLASTY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; IN CLINICALS - PT HAD SURGERY; IN CLINICALS - PT HAD SURGERY; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/12/2021; knee arthroscopy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lower extremity functional scale; 28; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/16/2021; Left knee arthroscopic partial medial and lateral meniscectomy (29880).; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/01/2021; L ACL reconstruction w/ hamstring AG & lateral meniscectomy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 41/100; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/09/2021; medial meniscus repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Functional Scale; 34% Functional; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/07/2021; Right knee arthroscopic partial medial meniscectomy and excision of hypertrophic plica.; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/10/2021; arthroscopic surgery of right medial meniscus; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 14; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/12/2021; Right knee arthroscopy with partial lateral and medial meniscectomy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lower extremity; 45; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/18/2021; DEBRIDEMENT; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 28; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/14/2021; No patient history 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: ; foot and ankle disability measure; 20%; The anticipated number of visits is other than 2.; Three or more visits anticipated; foot and ankle ability measure; 20%; The anticipated number of visits is other than 2.; 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; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body 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; 05/05/2021; 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: ; N/A; N/A; The anticipated number of visits is other than 2.; Three or more visits anticipated; Modified Oswestry Lo Back Pain Disability; 52%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body 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; 04/13/2021; 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: ; FOTO; 41; The anticipated number of visits is other than 2; FOTO; 41; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Body Part for first pass is not in options listed; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/09/2021; Rt foot mass excision; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEF; 25%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/01/2021; 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: ; LEFS; 25/80; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/19/2021; 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: ; FOTO; 4S; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/21/2021; 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: ; LEFS; 13; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/22/2021; 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: ; LEFS; 35%; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/10/2021; 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: ; LEF; 19/80; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/01/2020; Right foot 1st digit in march 2020; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; FOTO; 63.3266; 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: 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 selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; FOTO; 72; 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 presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/28/2021; 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: ; FOTO; 35; 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: 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body 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; 04/29/2021; 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; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; ; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; First Pass; Body Part for first pass is not in options listed; 04/12/2021; 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: ; LOWER EXTREMITY FUNCTIONAL SCALE; 49%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; First Pass; Body Part for first pass is not in options listed; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/03/2021; Lt ankle scop, brostrom gould , peroneal tendon repair; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 21%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; First Pass; Body Part for first pass is not in options listed; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/26/2021; ORIF R ANKLE; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 21%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; First Pass; Body Part for first pass is not in options listed; 04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/07/2021; ANKLE FX S/P REPAIR; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 30%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/14/2021; Right excision accessory navicular advancement of posterior tibial tendon; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; foto; 12.75; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/12/2021; 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: ; FAAM; 38/84; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/12/2021; 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: ; LEF; 67/80; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/24/2021; ORIF left talus fx; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; FOTO OUTCOME MEASURES; 49; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/06/2021; 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; ; Lower Extremity Functional Scale; 51%; 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: 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/07/2021; 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: ; FOTO; 48; 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: 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/12/2021; 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: ; LEFS; 65%; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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: ; LEFI; 55; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/15/2021; LEFT SMALL FINGER OSTEOTOMY WITH FIXATION; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/19/2021; RIGHT CARPAL TUNNEL RELEASE; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/02/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/24/2021; RELEASE PALM CONTRACTURE RIGHT HAND 4TH DIGIT; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/07/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/26/2021; LEFT RING FINGER I & D; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/29/2021; LEFT CTR AND RADIAL TUNNEL RELEASE; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2021; LEFT CARPAL TUNNEL RELEASE; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/16/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/16/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/19/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/21/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/21/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/22/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/12/2021; LEFT CTR; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/29/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/15/2021; LEFT DEQUERVAINES RELEASE, LEFT WRIST CYST EXCISION; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/10/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/26/2021; ORIF DISTAL RADIUS FX; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/12/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/29/2021; RIGHT LONG FINGER IRRIGATION DEBRIDEMENT OF OPEN DISTAL PHALANX & REPAIR OF NAIL BED.; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/30/2021; LIF TRIGGER RELEASE OFFICE PROCEDURE; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/13/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/18/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/18/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/20/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/04/2020; 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; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Occupational Therapy was requested; The Member is 10 years old or older.; Other/none of the above	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 04/28/2021; No patient history 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; Oswestry Disability Questionnaire; 54% Disability Rating; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Upper Extremity Functional Index; 74% Functional Ability; 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; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 04/29/2021; No patient 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; QuickDASH; QuickDASH; 73; 73; Non-Surgical; Non-Surgical; 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; Requestor is not a fax; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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.; QuickDASH; 55; QuickDASH; 55; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data retrieved, type of habilitation = Occupational Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	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; Previous auth data retrieved, type of habilitation = Rehabilitative; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	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; Previous auth data retrieved, type of habilitation = Rehabilitative; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	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 Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; upper extremity; 31.81%; One Body Part selected; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	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 for first pass is Shoulder; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/13/2021; left shoulder arthroscopy with open, subpectoral biceps tenodesis, debridement of the SLAP tear and planned posterior labral repair; 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; QUICK DASH OCCUPATIONAL; 56%; Post-Op; 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; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	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 for first pass is Shoulder; 05/06/2021; No patient history in the past 90 days; Evaluation dates less 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; UPPER EXTREMITY QUICK DASH; 81.8%; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	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: ; DASH; 30%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	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: ; OT EVAL, goniometer, quick dash; ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	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: ; UE DASH; 80/100; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	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 Wrist; 04/08/2021; 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; QUICK DASH; 43.2%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	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 Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; QUICK DASH OCCUPATIONAL THERAPY; 56.8%; One Body Part selected; None of the above best describes the patient presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/12/2021; open reduction internal fixation left distal humerus. Date of surgery is February 12, 2021.; 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; ; 54.54/100; 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 with minimal 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; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 04/07/2021; 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; QuickDASH; 70; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 04/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/24/2021; L ELBOW UCL REPAIR; 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; UPPER EXTREMITY QUICK DASH; 45/100; 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 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; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	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: ; UPPER EXTREMITY QUICK DASH; 34%; 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 presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/05/2021; LEFT THUMB FPL REPAIR WITH UDN REPAIR; 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.; QUICK DASH; 97.7%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/09/2021; 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.; QUICK DASH; 63.6%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/20/2021; 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.; Upper Extremity Quick Dash; 91%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/09/2021; RIGHT THUMB CMC JOINT ARTHROPLASTY AND RIGHT DEQUERVAIN'S RELEASE; 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.; QUICK DASH; 90.9%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/28/2021; 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.; Range Of Motion; 25%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/28/2021; 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.; UEFS; 7; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/03/2021; 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.; QUICK DASH; 31.87%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/04/2021; 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.; QuickDASH; 0; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/07/2021; 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.; QuickDASH; 15; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/15/2021; RIGHT THUMB CMC ARTHROPLASTY; 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.; QUICK DASH; 75%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/17/2021; 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.; foto; 47; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/17/2021; 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.; QuickDASH; 0; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/18/2021; 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.; UPPER EXTREMITY QUICK DASH; 61/100; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	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; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	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>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.; QUICK DASH; 34%; 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; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	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>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.; QUICK DASH; 43.1%; 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; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2021; PR DEBRIDE ASSOC OPEN FX/DISLO SKIN/MUS/BONE - 11012; PR OPEN TX PHALANGEAL SHAFT FX PROX/MIDDLE EA - 26735; 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; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/08/2021; 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; SEE CLINICALS; SEE CLINICALS; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	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>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/25/2021; surgical fixation of his R 4th and 5th metacarpals on 3/25.; 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; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	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>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/28/2021; 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; 10% Disability; Neck Disability Index; 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 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/19/2021; No patient history in the past 90 days; Evaluation dates less 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; NONE; N/A; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04-19-2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick DASH; 52/100; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/05/2021; No patient history in the past 90 days; Evaluation dates less 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; QuickDASH; 48; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/02/2021; Left rotator cuff debridement; 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; Upper extremity quickdash; 43; Post-Op; 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: minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/07/2021; No patient history in the past 90 days; Evaluation dates less 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; quick dash; 41; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/19/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO SHOULDER; 69% Functional; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/09/2021; RIGHT SHOULDER SCOPE WITH RCR, BICEP TENODESIS, SAD; 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; UPPER EXTREMITY QUICK DASH; 89 OF 100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/29/2021; No patient history in the past 90 days; Evaluation dates less 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; QuickDASH; 57; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/07/2021; No patient history in the past 90 days; Evaluation dates less 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; Disability of arm, shoulder, and hand; 70%; 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 moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/12/2021; LEFT DISTAL RADIUS ORIF; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICK DASH; 97%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 04/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/14/2021; hardware removal and ORIF Left wrist; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Quick dash; 91; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/09/2021; CARPAL TUNNEL RELEASE; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICK DASH; 90.09%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/02/2021; Right CMC; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Disability of Arm, Shoulder and Hand; 41%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Approval	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 presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Approval	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: ; QUICK DASH; 50%; 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 presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 type of congenital anomaly is unknown.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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); Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Suspected tumor outside the brain best describes the patient's tumor.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	50% removal of previous hemangioma in left upper chest and shoulder/upper arm with arterial component; This study is being ordered for Congenital Anomaly.; 2012; There has been treatment or conservative therapy.; Red Hemangioma spots that puff up; Past removal surgery on hemangioma dating back to 2012; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.; THE PT HAS ARM AND LEG WEAKNESS, UNSTEADY WALK, AND NUMBNESS.; It is not known if there is x-ray evidence of a lumbar recent fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Spina bifida, shunted hydrocephalus, Chiari II malformation, and prominent central canal, neurogenic bowel and bladder; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There is a positive Neer and Hawkins test. Mild crepitation with shoulder shrugging appreciated behind the scapulothoracic articulation. Mild pain with Spurling maneuver of the cervical spine. No improvement with any form of conservative treatment. Chroni; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/1/2018; There has been treatment or conservative therapy.; chronic worsening left shoulder and neck pain. pain has gotten worse and radiates from her shoulder sometimes down to the forearm.; NSAIDs, 6+ weeks of physician directed home exercises, activity modification, repeated steroid injections which gave mild relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	3	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Spina bifida, shunted hydrocephalus, Chiari II malformation, and prominent central canal, neurogenic bowel and bladder; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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 than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Spina bifida, shunted hydrocephalus, Chiari II malformation, and prominent central canal, neurogenic bowel and bladder; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 6 weeks of completed conservative care in the past 6 months	10	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	50% removal of previous hemangioma in left upper chest and shoulder/upper arm with arterial component; This study is being ordered for Congenital Anomaly; 2012; There has been treatment or conservative therapy.; Red Hemangioma spots that puff up; Past removal surgery on hemangioma dating back to 2012; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	the ankle to distal foot. Pain with palpation and range of motion ankle joint dorsiflexion, plantar flexion. Pain with palpation anteromedial central, anterolateral ankle joint gutters bilateral.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/30/2021-- called to set up an appointment, first appointment was 5/10/2021; There has been treatment or conservative therapy.; pain, edema, limited activity, no/ to barely any range of motion; first visit 5/10/2021 ;Medrol pack, fabricated removable arch pads bilateral for arch support therapy;2nd visit 6/1/2021;cortisone infiltration injections bilateral, utilization of ice therapy;3rd visit 6/15/21;ice therapy, MRI recommended per podiat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.; Pain with palpation,edema in bilateral ankles.; This is a request for a bilateral ankle MRI.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Planned surgery was noted as an indication for knee imaging; A Total Knee Arthroplasty (TKA) is being performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is other; ; ; 12/04/2020; The evaluation date is not in the future; Speech Therapy was requested; Three or more visits anticipated; Therapy type is Habilitative	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; Requestor is not a fax; Speech Therapy; 05/14/2020; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; Requestor is not a fax; Speech Therapy; 05/21/2020; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; Requestor is not a fax; Speech Therapy; 11/10/2020; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Ct Lung screening due to being a long time nicotine user.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The murmur is described as grade 3/6 or greater; There are NO clinical symptoms supporting a suspicion of structural heart disease; It is unknown if this is a request for the initial evaluation or a follow up Transthoracic Echocardiogram (TTE); The study is being ordered for Evaluation of a Murmur	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/06/2021; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/29/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02-26-2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/03/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/04/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/23/2021; 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; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/25/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/03/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/05/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/15/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/18/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/25/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/30/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/31/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/05/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/06/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/07/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/07/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/11/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/14/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/27/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/27/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/29/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/03/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/04/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/06/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/17/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/04/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/28/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/09/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/31/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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; 04/23/2021; No patient history 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; pfdi; 91/300; The anticipated number of visits is other than 2.; ; 25%; The anticipated number of visits is other than 2.; 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 Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild or moderate functional	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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/Pelvis; 04/16/2021; 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; Lower Extremity Functional Scale; 38%; The anticipated number of visits is other than 2.; Lower Extremity Functional Scale; 38%; The anticipated number of visits is other than 2.; Non-Surgical; 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 hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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; 04/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; FOTO; Z9; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; ; Foto; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body 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; ; FOTO; 46%; The anticipated number of visits is other than 2.; 46%; FOTO; 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 describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body 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; ; PT EVAL ATTACHED; PT EVAL ATTACHED; 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 loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; PT EVAL ATTACHED; PT EVAL ATTACHED; 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 was selected as the first body type/region; Lower Extremity/Hip selected as the	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body 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.; oswestry; 62; 52; OSWESTRY; 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 patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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.; OSWESTRY; 52; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; OSWESTRY; 52; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is Hip/Pelvis; 04/08/2021; No patient history 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; LOWER EXTREMITY FUNCTIONAL SCALE; 55%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beign treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 04/27/2021; No patient history 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; FOTO; 47; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 05/07/2021; No patient history 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; FOTO; 69; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is Knee; 03/29/2021; 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; LOWER EXTREMITY FUNCTIONAL SCALE; 79%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is Knee; 04/08/2021; 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; LOWER EXTREMITY FUNCTIONAL SCALE; 80%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is Knee; 04/28/2021; 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; LOWER EXTREMITY FUNCTIONAL SCALE; 74%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is Knee; 05/06/2021; 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; LOWER EXTREMITY FUNCTIONAL SCALE; 65%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 05/13/2021; 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; LEF; 25%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 05/14/2021; 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; LEF; 30%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; Enter name of tool here Enter score here Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; FOTO; 45; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; foto; 50; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; FOTO; 60; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; in house eval; Mobility 70%;Changing and Maintaining Body Positions 70%;Carrying and Moving Objects 50%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; KNEE OUTCOME SURVEY (ADLS); 15%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; KOS; 87.14%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; LEFS; 35/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; LEFS; 49/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; Lower Extremity Functional Index; 35/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; Lower Extremity Functional Scale; 29%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; ; Lower Extremity Functional Scale; 61/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; ; Lower Extremity Functional Scale; 81% Functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; ; Lower extremity; 21; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; MEDICAL DOCUMENTATION; ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; TUG; 11; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; WOMAC; 76%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; None; 0%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is Lumbar Spine; 03/26/2021; No patient history 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 Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 52%; 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 body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 45%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 04/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 64%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 66%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 78%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; back index; 40%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is not in options listed; 03/08/2021; 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; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 04/02/2021; 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; 18%; NECK INDEX; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 04/08/2021; 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; 18%; NECK INDEX; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 04/12/2021; 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; 72%; NECK INDEX; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 05/19/2021; 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; 68%; NECK INDEX; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 03/31/2021; No patient history in the past 90 days; Evaluation dates less 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; BACK INDEX; 70%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; 04/21/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 100%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; DASH; 36.6%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; foto; 38; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; FOTO; 62; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; Quick DASH; 43%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; SPADI; 88%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; Upper Extremity Quick Dash; 18%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/01/2021; No patient history 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; PELVIC EXAM; 50%; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/06/2021; No patient history 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; Range of motion; 83%; The 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.; 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 cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/14/2021; No patient history 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/11/2021; No patient history 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; LEFS; 35/80; The 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 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 patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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: ; -Fwd ambulation on treadmill at comfortable pace and emphasis on heel-toe pace; 10 min 1.4 mph;- step over/back with L foot on 2" box 2x10 reps with R hand support;- alt 6" box tap 2x40 reps with R hand support; -Standing in narrow BOS performing; 15% of max function; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign 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 patient's presentation;; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	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 beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; 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:	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	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 organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	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 describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; foto; 13; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; LOWER EXTREMITY FUNCTIONAL SCALE; 8; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; none; 50%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; Oswestry; 40/100; 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 best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 12; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 44; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 04/27/2021; No patient history 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; Modified Oswestry Low Back Pain; 46/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; None yet; N/A; Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region;	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	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: ; foto; 43; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; FOTO: 50/100; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; in house evaluation; Mobility 75%;Changing Maintaining Body Positions 80%;Carrying and Moving Objects 65%;Self Care 90%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	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: ; in house tool; Changing positions 60%;Carrying and moving objects 50%;Self-care 70%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	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: ; Oswestry; 22%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; Oswestry; 30%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; OSWESTRY; 78; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/09/2021; 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; 52%; Neck Disability; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/18/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan;	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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:; DASH; 43%; Neither Pre-Op, Post-Op or Non-Surgical; 40%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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:; FOTO; 63; Neither Pre-Op, Post-Op or Non-Surgical; 63; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	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 moderate; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	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; Fracture selected as the body type/region; Body Part for first pass is Fracture; Previous auth data retrieved, type of habilitation = Rehabilitative; 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 auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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;; changing body positions 60%;Carrying moving handling 40%;Self Care 50%; in house tool; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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;; Changing positions 60%;Carrying Moving Objects 50%;Self-care 70%; in house; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to cervical impariments 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	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.; foto; 66; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Pediatrics	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: ; Upper Extremity Quick Dash; 41%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Body Part for first pass is not in options listed; 04/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/22/2021; FUSION OF FOOT BONES ;REMOVAL OF BONE FOR GRAFT; Post-Op; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LOWER EXTREMITY FUNCTIONAL SCALE; 75%; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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; 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: ; foto; 71; The anticipated number of visits is other than 2.; foto; 71; 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 motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/14/2021; Right excision accessory navicular advancement of posterior tibial tendon; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; foto; 12.75; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; FOTO FOOT/ANKLE; 36% Functional; 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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: ; LEFI; S5; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; n/a; N/A; 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	03/09/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	03/24/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	04/08/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	04/12/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	04/19/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	04/21/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	04/28/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	05/12/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	05/13/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	05/19/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	06/10/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	06/17/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	09/04/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	10/29/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; Previous auth data retrieved, type of habilitation = Rehabilitative; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request:	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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 Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; QUICK DASH; 37.5%; One Body Part selected; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; foto; 52; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; OT EVAL, goniometer, quick dash; ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; UE DASH; 80/100; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; UPPER EXTREMITY QUICK DASH; 61/100; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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: ; FOTO; 65; 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 presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Shoulder; 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: ; The anticipated number of visits is other than 2.; Range of Motion; 40%; Range of motion; 40%; 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: 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 was selected as the first body type/region; Upper Extremity selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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.; QUICK DASH; 34%; 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; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/19/2021; No patient history in the past 90 days; Evaluation dates less 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; NONE; N/A; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/26/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick DASH; 82 out of a 100; 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 moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pediatrics	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	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 02/03/2021; 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; QUICK DASH; 54.05%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical 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 tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	will fax; 1/01/2020; There has been treatment or conservative therapy.; difficulty swallowing, weakness in extremities; ANTI-INFLAMMATORY, PT AND CHIRO; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Pre-operative evaluation	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	16 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	11 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Physical exam findings consistent with myelopathy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	will fax; 1/01/2020; There has been treatment or conservative therapy.; difficulty swallowing, weakness in extremities; ANTI-INFLAMMATORY, PT AND CHIRO; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Chronic ulnar ulnar based right wrist pain with clinical evidence of TFCC tear; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	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 Knee CT; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Symptoms began with pt was walking when her knee dislocated, pt mother states her knee has been dislocating since she was 5, was seen by her PCP was placed in the immobilizer.; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Symptoms began with pt was walking when her knee dislocated, pt mother states her knee has been dislocating since she was 5, was seen by her PCP was placed in the immobilizer. Symptoms include medial sided pain, anterior pain, swelling, feelings of giving; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 02/18/2020; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Date of onset is more than 6 months ago; The primary condition is Aphasia/Apraxia; The patient recently suffered either a CVA or TBI; TP REP STATES NONE USED FOR SPEECH; TP DID NOT HAVE INFO; 05/11/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 03/04/2021; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Date of onset is within the last 6 months; The patient recently suffered either a CVA or TBI; SLUMS; 50%; 04/08/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 03/22/2021; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; ST EVALUATION; 50; 04/06/2021; The evaluation date is not in the future; Date of onset is within the last 6 months; Three or more visits anticipated; Therapy type is Neuro Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 05/16/2021; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Date of onset is within the last 6 months; The patient recently suffered either a CVA or TBI; Optimal instrument; 50%; 06/15/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 05/28/2021; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Date of onset is within the last 6 months; The patient recently suffered either a CVA or TBI; optimal instrument; 50%; 06/01/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 12/24/2020; Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; SCCAN; 60-65; 04/15/2021; The evaluation date is not in the future; Date of onset is within the last 6 months; Three or more visits anticipated; Therapy type is Neuro Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Evaluation dates less than 90 days in the past; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The patient is between 4 and 8 years old; Oral and Written Language Scales-Second Edition (OWLS-II), Illinois Test of Psycholinguistic Abilities (ITPA-3), Woodcock Reading Mastery Test-Third Edition (WRMT-III), and Comprehensive Test of Phonological Processing-Second Edition (CTOPP-2). Camille was ; Oral and Written Language Scales-Second Edition (OWLS-II) On the Listening Comprehension subtest of the OWLS-II, Camille scored a standard score of 96 with a percentile of 39 which is considered within normal limits. On the Oral Expression subtest, she scored; 03/31/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Habilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is other; language ability score; poor; 05/24/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Habilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; MoCA; 50%; 04/28/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; unknown; Enter score here 06/10/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; ASHA; SCORE WAS NOT DOCUMENTED IN NOTES; 03/30/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; CONCENSUS AUDITORY PERCEPTUAL EVAL OF VOICE; 75; 03/08/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; eat-10; 10; 04/09/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; OFO; n/k; 04/28/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; unknown; unknown; 04/22/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Bedside Swallow Evaluation; 25%; 06/30/2021; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Therapy type is Rehabilitative; Magellan 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Language: Preschool Language Scale- Fifth Edition (PLS-5);;Language: Receptive-Expressive Emergent Language Test, Third Edition (REEL-3);;Hearing: Kai responded to visible and nonvisible sound sources from toys during the evaluation indicating functio; According to results from the PLS-5, Kai's auditory comprehension and expressive communication skills are within normal limits for his age. His total language score improved from an 81 previously to a 95 currently.;According to results of the REEL-3, K; 05/13/2021; The evaluation date is not in the future; One visit anticipated; Habilitative; Therapy type is Habilitative; Magellan does n ot manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; MOCA; 75%; 06/01/2021; The evaluation date is not in the future; Two visits anticipated; Rehabilitative; Therapy type is Rehabilitative; Magellan does n ot manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; MODIFIED BARIUM SWALLOW STUDY; N/A; 05/13/2021; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Therapy type is Rehabilitative; Magellan does n ot manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; MODIFIED BARIUM SWALLOW STUDY; N/A; 06/11/2021; The evaluation date is not in the future; One visit anticipated; Rehabilitative; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; optimal instrument; 50%; 05/03/2021; The evaluation date is not in the future; Two visits anticipated; Rehabilitative; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; ST-VC-ST View Chart; 50; 05/21/2021; The evaluation date is not in the future; One visit anticipated; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; 03/15/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 04/02/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 04/05/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 04/12/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 04/13/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 04/22/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 05/06/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/20/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	01/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/02/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/05/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/09/2021; Latarotomy; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/23/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	02/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/03/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; LEFS; 21/80; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Functional Dyspnea; slight; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Treatment goal is to update an existing home program or piece of equipment.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/23/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/25/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/26/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ADL; 90%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/29/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 03/12/2021; CVA is the selected condition; Date of onset is within the last 4 months; Braden Risk Assessment; 18; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/30/2021; 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; 03/26/2021; Spinal Cord Injury (SCI) is the selected condition; Date of onset is within the last 6 months; Gait Analysis; 50; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/30/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 03/18/2021; CVA is the selected condition; Date of onset is within the last 4 months; Foto; 42; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/31/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/02/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 03/22/2021; CVA is the selected condition; Date of onset is within the last 4 months; braden risk assessment; 21; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 03/24/2021; CVA is the selected condition; Date of onset is within the last 4 months; Tinetti Assessment; 18; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/05/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/05/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/06/1976; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/06/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/07/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/07/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 03/30/2021; CVA is the selected condition; Date of onset is within the last 4 months; Tinetti Assessment; 10%; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/08/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/12/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/17/2020; mastectomy right; modified radical mastectomy left; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; 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; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Oswestry Disability Questionnaire; 60%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/13/2021; 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; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/13/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/14/2021; 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; Tinetti; 25; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Modified Oswestry; CI; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Shoulder Initial Evaluation; 25.49; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/14/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/15/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 04/13/2021; Date of onset is within the last 4 months; MAHC 10 FALL RISK ASSESSMENT; 50; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; berg balance test; unknown; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; mahc 10; 6; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/20/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/20/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/21/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ADL; 90; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/21/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 04/11/2021; Date of onset is within the last 4 months; The Lower Extremity Functional Scale; 5%; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/22/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/22/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 04/21/2021; Date of onset is within the last 4 months; Tinetti; 13%; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/23/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/26/2021; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/26/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/26/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Knee request: ; One visit anticipated; PATIENT WAS RE-EVALUATED TODAY. SHE HAD KNEE SURGERY.; N/A; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; SPADI; 100; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/27/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/28/2021; 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; Gait analysis; 40; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/28/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	04/29/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; 2/10; n/a; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Enter name of tool here 50-75%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/03/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/04/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/04/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/05/2021; 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; tinetti; 14; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/05/2021; 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; Tinetti; 17; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/05/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/05/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/05/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/06/2021; 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; mahc 10 fall risk assessment; 5; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does n ot manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/06/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/07/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/10/2021; 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; tinetti assessment; 11; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does n ot manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/21/2021; Cavitory mass resection; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/01/2021; Intestinal adhesions obstruction.; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; 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; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 04/12/2021; Date of onset is within the last 4 months; Tinetti; 19; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/11/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/11/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/11/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/12/2021; 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; Tinetti; 24; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/18/2021; TOTAL HIP ARTHROSCOPY; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/13/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/14/2021; 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; mahc 10 assessment; 5; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Multiple Sclerosis is the selected condition; MAHC; 4%; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; 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; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; Multiple Sclerosis is the selected condition	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/17/2021; 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; tinetti; 10; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/17/2021; 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; tinetti; 11; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/17/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Parkinsons is the selected condition; dynamic gait index; 46%; Therapy type is Neuro Rehabilitative; Requestor is not a fax; An increase in falls or a decline in independence has occurred.; Physical Therapy; Speech Therapy was not selected; 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; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; Parkinsons is the selected condition	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/17/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/18/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/18/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; MODIFIED OSWESTRY; ; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/18/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 05/14/2021; Date of onset is within the last 4 months; tinetti; 20; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/19/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ALE; 90%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; SPADI; 87%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/20/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 05/18/2021; Date of onset is within the last 4 months; braden risk assessment; 23; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/21/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/21/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/24/2021; 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; mahc 10 fall risk assessment; 6; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/24/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	4 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/25/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/25/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Mahc 10; NA; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/25/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/26/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/26/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; LEFS; 68/100; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/26/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/28/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/28/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/28/2021; 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; 03/06/2021; Date of onset is within the last 6 months; PAIN ASSESSMENT; 5; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; Spinal Cord Injury (SCI) is the selected condition	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 05/20/2021; Date of onset is within the last 4 months; MAHC 10 FALL RISK ASSESSMENT; 8; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/01/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/02/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/02/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/03/2021; RIGHT TOTAL HIP ARTHROPLASTY; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/02/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/03/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/04/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/04/2021; Bilateral Knee arthroscopy; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; mach 10: score 6; na; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; tinetti; 26; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent injury to cause a change in function; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/07/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/08/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/08/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ADL; 90%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 05/28/2021; Date of onset is within the last 4 months; optimal instrument; 50%; 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; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; CVA is the selected condition	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/10/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; SPADI; 93%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/11/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Tinetti Balance scale; na; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/11/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/14/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ADL; 85%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/15/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/16/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/17/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/17/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Shoulder request; ; One visit anticipated; Therapy type is Rehabilitative; SPADI; 80 %; Neither Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/18/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/21/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/22/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/22/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07-01-2021; LEFT TOTAL HIP ARTHROPLASTY; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; The Lower Extremity Functional Scale; 40%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent injury to cause a change in function; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/23/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/24/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/22/2021; carpal tunnel release; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; 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; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/24/2021; carpal tunnel release; cubital tunnel release; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; 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; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/25/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/28/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Modified Oswestry; CK; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Mullen Scales of Early Learning, Hawaii Early Learning Profile (birth to 15 months); 1st percentile; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Patient requires human assistance to perform basic mobility and transitional tasks; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The member is 1-9 years old.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/29/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/30/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	09/28/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/19/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/07/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; BOT 2; 7; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested; The Member is 10 years old or older.; Other/none of the above	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/22/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; First Pass; Body Part for first pass is not in options listed; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/16/2021; FRACTURE OOF LEFT FEMUR; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; OK; The members functional deficits are severe; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; First Pass; Body Part for first pass is not in options listed; 05/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/25/2021; Fractured Lft Tibia; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; OK; The members functional deficits are severe; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; First Pass; Body Part for first pass is not in options listed; 06/08/2021; 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; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; First Pass; Body Part for first pass is not in options listed; 06/24/2021; 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; Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn Care; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage speech therapy for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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 Lumbar Spine; 05/17/2021; 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; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Elbow request: ; Three or more visits anticipated; Low Back; 38; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; DASH; 50; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Upper Extremity was selected as the first body	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/05/2021; Nerve debravement; Post-Op; 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 Rehabilitative; tennis elbow eval; 11%; The anticipated number of visits is other than 2.; spadi; 40%; Post-Op; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: moderate loss of range of motion,	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/24/2021; 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 Rehabilitative; DASH; 60%; The anticipated number of visits is other than 2.; DASH; 60%; 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; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate objective and functional deficits without instability;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/13/2021; 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 other than 2.; The anticipated number of visits is other than 2.; Patient Outcomes; Patient Outcomes; 34/100; 34/100; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/08/2021; 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 other than 2.; The anticipated number of visits is other than 2.; DASH; DASH; 65%; 65%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/16/2021; 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 other than 2.; N/A; 74%; N/A; 74%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/19/2021; No patient history 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; Oswestry Low Back Pain Disability Qusetionnaire; Oswestry Low Back Pain Disability Questionnaire; 25%; 25%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; The hip is beign 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 patient's presentation;; Mild</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/29/2021; No patient history 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; unknown; unknown; unknown; unknown; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/10/2021; No patient history 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; PFDI; PFDI; Unknown; Unkown; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; 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</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/25/2021; No patient history 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; Modified oswestry low back pain; LEFS; 60%; 60% functional; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; 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;; Moderate objective and functional deficits:</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/26/2021; No patient history 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; PFDI; PFDI; Unknown; Unknown; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; The patient has Pelvic Floor Dysfunction, including bowel or bladder; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/02/2021; No patient history 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; PFDI; LEFS; Unknown; Unknown; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being 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.; The patient has Pelvic Floor Dysfunction, including bowel	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/22/2021; No patient history 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; N/A; N/A; The anticipated number of visits is other than 2.; Modified Oswestry Low back pain disability Questionnaire and Neck Disability Index; Low back was 48%;Neck was 60%; The anticipated number of visits is other than 2.; Non-Surgical; 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 hip is being 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/28/2021; No patient history 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; LEFS; 50; The anticipated number of visits is other than 2.; LEFS; 50; The anticipated number of visits is other than 2.; Non-Surgical; 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 hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/19/2021; surgical procedure Laparoscopic hysterectomy; 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 anticipated; non was used; 50%; The anticipated number of visits is other than 2.; none used; 50%; The anticipated number of visits is other than 2.; 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 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</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/08/2021; No patient history 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; PFDI; 63%; The anticipated number of visits is other than 2.; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; 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 cause referred pain best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/12/2021; No patient history 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; optimal; 50%; The anticipated number of visits is other than 2.; optimal; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/15/2021; No patient history 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; ICIQ-UI; 43%; The anticipated number of visits is other than 2.; IIQ; 81%; The anticipated number of visits is other than 2.; 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 Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild or moderate functional	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/27/2021; No patient history 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; Oswestry; 58%; The anticipated number of visits is other than 2.; oswestry; 58%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/03/2021; No patient history 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; Lower Extremity Functional Scale; 6.25%; The anticipated number of visits is other than 2.; Lower extremity Functional scale; 6.25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being 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; Mild or moderate functional deficits due to	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/05/2021; No patient history 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; LEFS; 10%; The anticipated number of visits is other than 2.; FOTO; 22%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/12/2021; No patient history 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; LEFS; 23%; The anticipated number of visits is other than 2.; LEFS; 23%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/19/2021; No patient history 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; PELVIC FLOOR IMPACT FEMALE; 83% functional; The anticipated number of visits is other than 2.; PELVIC FLOOR IMPACT FEMALE; 83% FUNCTIONAL;BACK PAIN IN CONJUNCTION WITH PELVIC FLOOR DYSFUNCTION. DID NOT RECORD 2ND TEST RESULTS FOR BACK PAIN; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/04/2021; No patient history 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; N/A; N/A; The anticipated number of visits is other than 2.; N/A; N/A; The anticipated number of visits is other than 2.; 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 hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/15/2021; No patient history 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; OSWESTRY; 52%; The anticipated number of visits is other than 2.; OSWESTRY; 52%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/24/2021; No patient history 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; Range of Motion; 75%; The anticipated number of visits is other than 2.; Range of Motion; 50%; The anticipated number of visits is other than 2.; 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 hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/07/2021; No patient history 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; Tinetti; 9; The anticipated number of visits is other than 2.; 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 hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; The requesting provider is other than Physical Therapy or Occupational Therapy; Tinetti Assessment; 17; The patient was previously independent with mobility and now</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/07/2021; No patient history 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: ; Modified Oswestry; 82%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Modified Oswestry; 82%; The anticipated number of visits is other than 2.; 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 hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/12/2021; No patient history 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: ; mahc 10; 5; The anticipated number of visits is other than 2.; Three or more visits anticipated; mahc 10; 5; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/19/2021; No patient history 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; Lower extremity functional test; 11%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; no score; Not a specific test completed, therapist observation; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/26/2021; No patient history 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; tinetti; 17; The anticipated number of visits is other than 2.; 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 hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for second pass is Fracture; Physical Therapy;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/28/2021; No patient history 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; MMT; 25%; The anticipated number of visits is other than 2.; 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 hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The requesting provider is other than Physical Therapy or Occupational Therapy; MMT and Tinetti; 25%; The patient was previously independent with mobility and</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/21/2021; No patient history 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; TINETTI; 5; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; TINETTI; 5; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/14/2021; No patient history 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; FUNCTIONAL (PT);BALANCE (PT);BERG;STATUS: 13;STG: 46;TARGET DATE: 08/12/2021;GOAL MET: N;COMMENTS: ;;LTG: ;TARGET DATE: ;GOAL MET: N;COMMENTS: ;;CARRYOVER: ;GAIT (PT);LEVEL SURFACE DEVICE; FUNCTIONAL (PT);BALANCE (PT);BERG;STATUS: 13;STG: 46;TARGET DATE: 08/12/2021;GOAL MET: N;COMMENTS: ;;LTG: ;TARGET DATE: ;GOAL MET: N;COMMENTS: ;;CARRYOVER: ;GAIT (PT);LEVEL SURFACE DEVICE; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beigng treated.; Moderate objective and</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/08/2021; right hemiarthroplasty; Post-Op; Hip/Pelvis selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; TUG, 6MWT, mCTSIB; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; TUG, mCTSIB, STS; 50%; Post-Op; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; 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; LEFS; 21/80; The anticipated number of visits is other than 2.; UEF; 44/80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/23/2021; 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; LEFS; 73.75; The anticipated number of visits is other than 2.; LEFS; 73.75; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign 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 patient's presentation.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength,	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/01/2021; 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; LEFS; LEFS; 25%; 25%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/01/2021; 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; Optimal; Optimal; 50; 50; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/07/2021; 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; Optimal instrument; Optimal Instrument; 50%; 50%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/14/2021; 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; Optimal instrument; optimal instrument; 50%; 50%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/19/2021; 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 other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; 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; 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; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/27/2021; 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; N/A; N/A; N/A; N/A; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/30/2021; 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; Optimal instrument; optimal instrument; 75%; 75%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/04/2021; 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; Lower Extremity Functional Scale; Lower Extremity Functional Scale; 43/80; 43/80; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/05/2021; 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; unknown; unknown; unknown; unknown; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/28/2021; 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; UNKNOWN; UNKOWN; 79%; 79%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06-15-2021; 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; LEFS; LEFS; 36%; 36%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/02/2021; 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; none; none; 75%; 75%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/07/2021; 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; Lower Extremity Functional Scale; Lower Extremity Functional Scale; 24%; 24%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/15/2021; 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 visits is other than 2.; Non-Surgical; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/27/2021; 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; FOTO; 56; The anticipated number of visits is other than 2.; Non-Surgical; FOTO; 56; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/04/2021; 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; knee outcome survey; 72.5%; The anticipated number of visits is other than 2.; Non-Surgical; low back pain questionnaire; 62%; The anticipated number of visits is other than 2.; 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; 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 clinical presentation; Severe functional	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/01/2021; 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; ; You will now be asked some questions about your Vestibular Rehab request; ; Three or more visits anticipated; Optimal; 50; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Vestibular Rehab selected as the second body type/region;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/22/2021; 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: ; MACH; 5 %; The anticipated number of visits is other than 2.; Three or more visits anticipated; mach 10; 5 moderate; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/04/2021; 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-Surgical; Therapy type is Rehabilitative; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/10/2021; 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: ; LEF; 49%; The anticipated number of visits is other than 2.; Three or more visits anticipated; LEF; 49%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/14/2021; 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; FUNCTIONAL (PT);BED MOBILITY (PT);POSITION SELF;STATUS: MINIMAL ASSIST;STG: STANDBY ASSIST/SUPERVISION;TARGET DATE: 06/23/2021;GOAL MET: N;COMMENTS: ;;LTG: INDEPENDENT;TARGET DATE: 07/02/2021;GOAL MET: N;; FUNCTIONAL (PT);BED MOBILITY (PT);POSITION SELF;STATUS: MINIMAL ASSIST;STG: STANDBY ASSIST/SUPERVISION;TARGET DATE: 06/23/2021;GOAL MET: N;COMMENTS: ;;LTG: INDEPENDENT;TARGET DATE: 07/02/2021;GOAL MET: N;; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/14/2021; 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; Lower Extremity Functional Scale; 17/80; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; Lower Extremity Functional Scale; 17/80; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/01/2021; 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; dash , womac; 14.6%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; SPADI; 14.6; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/21/2021; 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; FOTO; 78; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; FOTO; 78; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/07/2021; 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; optimal outcome tool; 8;sitting 4;walking 4; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Optimal outcome tool; 4.0;reaching 4; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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 Thoracic Spine/Chest; 04/13/2021; 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; Thoracic Spine/Chest 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; unknown; unknown; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; unknown; unknown; 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; 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 clinical	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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 Thoracic Spine/Chest; 04/21/2021; 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; Thoracic Spine/Chest 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; optimal; 50; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; optimal; 50; 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; 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; Severe functional deficits due to thoracic/lumbar	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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 Wrist; 05/04/2021; 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; Wrist 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; FOTO; 54%; The anticipated number of visits is other than 2.; Non-Surgical; DASH; 74.8%; The anticipated number of visits is other than 2.; 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; 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 clinical presentation; Mild objective and functional deficits: sporadic symptoms with	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 03/24/2021; No patient history 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; Oswestry Disability Index; 52%; The anticipated number of visits is other than 2.; Oswestry Disability Index; 52%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/01/2021; No patient history 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; OSWESTRY; 52%; The anticipated number of visits is other than 2.; OSWESTRY LOW BACK DISABILITY QUESTIONNAIRE; 52%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/05/2021; No patient history 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; ROM; 40%; The anticipated number of visits is other than 2.; oswestry disability index; 18 40% disability; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/06/2021; No patient history 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; LEFS; 41; The anticipated number of visits is other than 2.; Back Index; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/12/2021; No patient history 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; Oswestry; 42; The anticipated number of visits is other than 2.; Oswestry; 42; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/14/2021; No patient history 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; UNSURE; N/A; The anticipated number of visits is other than 2.; UNSURE; N/A; The anticipated number of visits is other than 2.; 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 hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/16/2021; No patient history 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; LEFS; 50% functional; The anticipated number of visits is other than 2.; Oswestry; 60% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/22/2021; No patient history 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; FOTO; 39%; The anticipated number of visits is other than 2.; FOTO; 37%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/22/2021; No patient history 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; LEFS; 61%; The anticipated number of visits is other than 2.; LEFS; 61%; The anticipated number of visits is other than 2.; 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 hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/03/2021; No patient history 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; n/a; n/a; The anticipated number of visits is other than 2.; n/a; n/a; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/04/2021; No patient history 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; optimal outcome tool; 75%; The anticipated number of visits is other than 2.; optimal outcome tool; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign 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 patient's presentation; Mild or moderate functional deficits due to lumbopelvic</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/04/2021; No patient history 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; Oswestry; 48%; The anticipated number of visits is other than 2.; Oswestry; 48%; The anticipated number of visits is other than 2.; 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 hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/05/2021; No patient history 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; Enter name of tool here 20; The anticipated number of visits is other than 2.; oswestry; 50; The anticipated number of visits is other than 2.; 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 hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/10/2021; No patient history 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; LEFS; 30%; The anticipated number of visits is other than 2.; BACK INDEX; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/20/2021; No patient history 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; MMT; 25%; The anticipated number of visits is other than 2.; MMT; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/25/2021; No patient history 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; Oswestry; 50; The anticipated number of visits is other than 2.; Oswestry; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/25/2021; No patient history 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; UNKNOWN; 62%; The anticipated number of visits is other than 2.; UNKNOWN; 62%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/27/2021; No patient history 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; Oswestry; 68%; The anticipated number of visits is other than 2.; Oswestry; 68% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild or moderate functional	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/02/2021; No patient history 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; N/A; N/A; The anticipated number of visits is other than 2.; N/A; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being 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; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/02/2021; No patient history 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; TINETTI ASSESSMENT; 28; The anticipated number of visits is other than 2.; TINETTI ASSESSMENT; 28; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/04/2021; No patient history 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; unknown; unknown; The anticipated number of visits is other than 2.; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/07/2021; No patient history 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; FOTO; 36; The anticipated number of visits is other than 2.; FOTO; 36; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/08/2021; No patient history 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; Functional loss tool; 46%; The anticipated number of visits is other than 2.; Oswestry; 38%; The anticipated number of visits is other than 2.; 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 hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/09/2021; No patient history 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; Low Back Pain Questionnaire; 42%; The anticipated number of visits is other than 2.; Low Back Pain Questionnaire; 42%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/09/2021; No patient history 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; ODI; 40; The anticipated number of visits is other than 2.; ODI; 40; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/15/2021; No patient history 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; N/A; N/A; The anticipated number of visits is other than 2.; N/A; N/A; The anticipated number of visits is other than 2.; 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 hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/24/2021; No patient history 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; Modified Oswestry Low Back Pain; 46 of 100; The anticipated number of visits is other than 2.; Modified Oswestry Low Back Pain; 46 of 100; The anticipated number of visits is other than 2.; 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 hip is beign 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/25/2021; No patient history 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; MODIFIED OSWESTRY; 35/50; The anticipated number of visits is other than 2.; MODIFIED OSWESTRY 35/50; 35/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/25/2021; No patient history 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; PSFS; 87%; The anticipated number of visits is other than 2.; PSFS; 87%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign 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 patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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: ; optimal outcome tool; 75; The anticipated number of visits is other than 2.; optimal outcome tool; 75; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beign 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 patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05-26-2021; No patient history 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; LEFS; 58%; The anticipated number of visits is other than 2.; Non-Surgical; Oswestry; 58%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/05/2021; No patient history 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; FOTO; ; The anticipated number of visits is other than 2.; Non-Surgical; FOTO; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/24/2021; No patient history 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; optimal tool; 25%; The anticipated number of visits is other than 2.; Non-Surgical; optimal instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/22/2021; No patient history 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; LEFS; 36/80; The anticipated number of visits is other than 2.; Non-Surgical; Oswestry; 46% disability; The anticipated number of visits is other than 2.; 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; 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 clinical presentation; Mild or moderate functional	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04-16-2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Oswestry Back Disability Scale; 36/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 40/100; Neck Disability Index; 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; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Oswestry; 30%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 40%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Oswestry; 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 46; Only the Oswestry; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/07/2021; No patient history 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: ; LEFS; 65; The anticipated number of visits is other than 2.; Three or more visits anticipated; Back Index; 36%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Oswestry; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 68%; Oswestry; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/15/2021; No patient history 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: ; LEFS; 34; The anticipated number of visits is other than 2.; Three or more visits anticipated; ODI; 34; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/16/2021; No patient history 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: ; LEF; 51; The anticipated number of visits is other than 2.; Three or more visits anticipated; ODI; 48; The anticipated number of visits is other than 2.; 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; 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; Severe functional deficits due to	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; n/a; n/a; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/26/2021; No patient history 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: ; ODI; 58; The anticipated number of visits is other than 2.; Three or more visits anticipated; ODI; 58; The anticipated number of visits is other than 2.; 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; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impariments with or without distal symptoms best	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/27/2021; No patient history 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: ; unknown; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/11/2021; No patient history 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: ; unknown; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/17/2021; No patient history 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: ; unknown; unknown; The anticipated number of visits is other than 2.; Three or more visits anticipated; back index; unknown; The anticipated number of visits is other than 2.; 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; 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; Mild or moderate functional	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/01/2019; Lumbar fusion; 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: ; N/A; N/A; The anticipated number of visits is other than 2.; Three or more visits anticipated; N/A; N/A; The anticipated number of visits is other than 2.; 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; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/21/2021; No patient history 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: ; OPTIMAL; 48%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Optimal; 48%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/21/2021; No patient history 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: ; RANGE OF MOTION; SCIATICA PAIN IN LEFT LEG; The anticipated number of visits is other than 2.; Three or more visits anticipated; ODI; 50% DISABILITY; The anticipated number of visits is other than 2.; 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; 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</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Photo; 1; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 1; Photo; 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; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Modified Oswestry; 34% Functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; N/A the IE was focused on lower back pain. However, the neck pain/Headaches were mentioned by the patient during the eval.; None; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; OSWESTERY BACK PAIN QUESTIONNAIRE; 47%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 46%; NDI QUESTIONNAIRE; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/26/2021; No patient history 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; ; Foto; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Foto; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; FOTO Lumbar Impairment Assessment; 32% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 32% functional; FOTO Neck Impairment Assessment; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; back index; 6; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Enter score here unknown; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; FOTO; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 50; FOTO; 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; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; ROM, strength and pain evaluations. ROM limited in right side bend, left side bend, and right/left rotation by 25-30% secondary to muscle spasm with pain rating of 5-6/10 in the cervical region.;Low back exhibits AROM deficits in forward flexion by 25% r; 60-65% in the cervical region and 70% in the lumbar region; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 60-65%; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/04/2021; No patient history 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: ; MODIFIED OSWESTRY; 32/50; The anticipated number of visits is other than 2.; Three or more visits anticipated; MODIFIED OSWESTRY; 32/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; FOTO; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; ; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Modified Oswestry; 78% Functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 78% Functional; Modified Oswestry; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Foto; 31; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 31; Foto; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/16/2021; No patient history 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: ;</p> <p>EVALUATION;THERAPEUTIC EXERCISE; N/A; The anticipated number of visits is other than 2.; Three or more visits anticipated; EVALUATION;THERAPEUTIC EXERCISE; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/21/2021; No patient history 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: ; OSWESTRY; 46; The anticipated number of visits is other than 2.; Three or more visits anticipated; OSWESTRY; 46; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; FOTO; 26; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 26; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Optimal tool; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 50%; Optimal tool; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Oswestry; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 55%; DASH; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Modified Oswestry; 6; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 0; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/29/2021; No patient history 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: ; Lower Extreme Functional Scale; 34% functional;;27/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Modified Oswestry Disability Scale; 56%; The anticipated number of visits is other than 2.; 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; 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</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; FOTO; 65%; The anticipated number of visits is other than 2.; 63%; FOTO; 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 describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; Oswestry pain scale; 75% functional; The anticipated number of visits is other than 2.; Oswestry pain scale; 75% functional; 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 motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/12/2021; No patient history 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; optimal outcome tool; not available; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; optimal outcome tool; not available; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/22/2021; No patient history 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; Oswestry; 72%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Dash; 95.5%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/24/2021; No patient history 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 anticipated number of visits is other than 2.; Therapy type is Rehabilitative; ; 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; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/04/2021; No patient history 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; Oswestry; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Dash; 37%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/13/2021; No patient history 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 more visits anticipated; odi; 34; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; odi; 34; 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; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/06/2021; No patient history 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 more visits anticipated; Optimal Instrument; 25%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Optimal Instrument; 25%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/01/2021; No patient history 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 more visits anticipated; optimal; 75; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; optimal; 75; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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.; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Optimal Instrument; 50%; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/18/2020; cervical fusion; Post-Op; 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; Oswestry pain scale; 74% functional; The anticipated number of visits is other than 2.; 74% functional; Oswestry pain scale; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to cervical impairments with distal symptoms best	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/18/2021; 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.; UEFS; 0.5; Therapy type is Rehabilitative; 0.5; uefs; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/01/2021; 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.; Unknown; Enter score here Therapy type is Rehabilitative; 72; neck index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/14/2021; 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.; Neck Disability Index; 40%; Therapy type is Rehabilitative; 40%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/02/2021; ORIF open tibia CRIM left femurOpen Reduction of left foot; Post-Op; Lower Leg selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Hand request: ; SMC; 60%; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; SMC; 30%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/01/2021; No patient history 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 type is Rehabilitative; 48.5%; NDI; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; The hip is beign 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/01/2021; No patient history 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; BERG BALANCE SCALE; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The requesting provider is other than Physical Therapy or Occupational Therapy; BERG BALANCE SCALE; 50%; The patient was previously independent with mobility and now requires human assistance and/or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body 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; 06/02/2021; No patient history 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; lower extremity functional scale; 88% disability 12% functional; The anticipated number of visits is other than 2.; 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 hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; The requesting provider is other than Physical Therapy or Occupational Therapy; functional scale score; 88% disability 12% functional; The</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body 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; 06/09/2021; No patient history 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; LOWER EXTREMITY FUNCTIONAL SCORE; 80% DISABILITY; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 75%; ROM; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 03/31/2021; 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; Berg Balance Test; none; The anticipated number of visits is other than 2.; Non-Surgical; 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; 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 clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; Berg Balance Test; Medium Fall Risk; The patient was previously independent with mobility and	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/22/2021; 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; 50; 50; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; 25; Enter name of tool here 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 03-31-2021; No patient history in the past 90 days; Evaluation dates less than 90 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; REFER TO THE EVAL AND PLAN OF CARE; REFER TO PLAN OF CARE AND PT EVAL; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; REFER TO EVAL AND PLAN OF CARE; op pt EVALUATION; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Modified Oswestry Low Back Pain; 80% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Neck Disability Index 75%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments without distal symptom best describes the patient's clinical presentation; Head/Neck	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; NDI; 44; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 44; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 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.; Therapy type is Rehabilitative;; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; NA; NA; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 26; Weboutcomes NECK; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Optimal Instrument; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 25%; Optimal Instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Oswestry; 66; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 60; neck index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; ROM; 42; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 71; BERG; 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; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; BACK INDEX; 82%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 88%; NECK INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 90; QUESTIONNAIRE; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; low back pain indexneck index; 10%7/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 10%7/50; low back pain indexneck index; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Modified Oswestry Low back pain disability questionnaire; 46%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; N/A; N/A; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; IEFS; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 25%; LEFS; 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; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/26/2021; 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: ; Lower Extrimity Functional Scale; 0/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; Lower Extremity Functional Scale; 0/80; The anticipated number of visits is other than 2.; 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; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Oswestry; 38%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 48%; Neck Disability Index Questionnaire; 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; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; optimal instrument; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 25%; optimal instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Modified Oswestry Low Back Pain Disability Questionnaire; 48%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 54%; Neck Disability Index Patient Questionnaire; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Oswestry Back Pain Questionnaire; 44% disability;56% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 42% disability;58% functional; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments without distal symptom best describes the	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 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.; Therapy type is Rehabilitative; ; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05-10-2021; No patient history in the past 90 days; Evaluation dates less than 90 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; NA; NA; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; NA; NA; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Modified Oswestry; 14% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 82 of 100; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/06/2021; 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: ; LEFS survey; 64% functional; The anticipated number of visits is other than 2.; Three or more visits anticipated; LEFS survey; 64% functional; The anticipated number of visits is other than 2.; 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; 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;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Low Back; 34; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 38; Neck Disability; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Optimal; 12; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 12; Optimal; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Oswestry; Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 20 out of 48%; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; FOTO; 61%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 61%; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; optimal - Dr notes; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 50; optimal - Dr notes; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Oswestry; 32%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 58%; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Questioner; 9; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 9; questioner; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Modified Oswestry Disability Scale; 42/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Vestibular Rehab was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Vestibular Rehab; Physical	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06-03-2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Oswestry; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 40%; Oswestry; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Functional Pain Questionnaire; 24; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 24; Functional Pain Questionnaire; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; ODI; 56%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 56%; ODI; 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; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 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.; Therapy type is Rehabilitative; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; BACK INDEX; 62%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 64%; NECK INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; FOTO; 40%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 46%; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 50%; Optimal Instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Oswestry; 22%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 30%; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impariments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/15/2021; 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: ; LEFS; 44%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Low Back Pain Questionnaire; 48%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/15/2021; 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: ; Oswestry; 32; The anticipated number of visits is other than 2.; Three or more visits anticipated; Lower Extremity; 64; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; NDI; 62%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 62%; Neck disability index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 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.; Therapy type is Rehabilitative; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; MODIFIED OSWESTRY LOW BACK PAIN; 44/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; N/A; N/A; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Optimal; 11; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 11; Optimal; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Oswestry Low Back Pain Disability; 46% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 46% functional; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Oswestry; 38%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 18%; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; SOR; 45; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; UNKNOWN; UNKNOWN; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Oswestry Disability Index for Low Back Pain; 44; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 10; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; RANGE OF MOTION; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 50%; PHYSICAL ASSESSMENT; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/24/2021; 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: ; foto lumbar; 0% functional; The anticipated number of visits is other than 2.; Three or more visits anticipated; foto lumbar; 0% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; Optimal Instrument; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 50%; Optimal Instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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;; Oswestry; 74; The anticipated number of visits is other than 2.; 86; Neck Outcome; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/02/2021; 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; Fracture was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for first pass is Fracture; Body Part for second pass is Fracture; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; You will now be asked some questions about your fracture request.; Non-surgical head, spine, torso best describes the patient's presentation.; Non-	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/13/2021; 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; The requesting provider is other than Physical Therapy or Occupational Therapy; TINETTI; TINETTI; 25; 25; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; 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.; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/19/2021; 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 provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; tinetti; mahc 10 fall risk assessment; 60; 11; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; 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.; The anticipated number of visits is	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/26/2021; absence of right leg below knee, left hand, right wrist; 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; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; PT evaluation; PT evaluation; 40; 40; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/29/2021; 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; 80%; 80%; OSWESTRY; OSWESTRY; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/29/2021; 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: ; Lower Extremity Functional Scale; 18/80; The anticipated number of visits is other than 2.; 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; 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; The requesting provider is other than Physical Therapy or Occupational Therapy; Tinetti Assessment; 7/28; The patient was previously independent with mobility and now requires human assistance and/or an	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/12/2021; 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; 72%; 72%; Neck pain disability index; Neck pain disability index; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/16/2021; 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;; ACTIVITIES OF DAILY LIVING; 60% FUNCTIONAL; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; 60% FUNCTIONAL; ACTIVITIES OF DAILY LIVING; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impariments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/24/2021; hemorrhoidectomy; Post-Op; 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; tinetti; 14; 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 was selected as the first body type/region; Cardiopulmonary Rehab was selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/18/2021; 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: ; LEFS; 20; The anticipated number of visits is other than 2.; 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; 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; The requesting provider is other than Physical Therapy or Occupational Therapy; LEFS; 20; The patient was previously independent with mobility and now requires human	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/22/2021; 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; unknown at this time; unknown at this time; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; Rollator, ankle pumps; unknown; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/24/2021; 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; Enter name of tool here Enter score here 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 was selected as the first body type/region; Cardiopulmonary Rehab was selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/25/2021; 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; The requesting provider is other than Physical Therapy or Occupational Therapy; gait; gait; 50; 50; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; 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.; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Gait,	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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.; 64; 64; NDI; NDI; 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 without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 66% functional; 66% functional; neck pain index; Neck pain index; 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 impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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 requesting provider is other than Physical Therapy or Occupational Therapy; Enter nameSubject: PT ext;Date/Time: 05/06/2021 16:29;Method: Team communication;Communication Text: pt extended x 4 weeks but dropped down to 2x a week to cont to progress gait I with RW and;then transition to quad cane as appropriate.;Sent To: Hobb; Enter name of tAssess Muscle Strength 04/12/2021 10:44;Right and Left Lower Extremity Impaired;" Movement: All Movements (Grade 3)ool here; ; ; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The patient was previously independent with mobility and now requires human	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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: ; braden; Braden; 15; 15; 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: 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/05/2021; No patient history in the past 90 days; Evaluation dates less 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; unknown; Unknown; Non-Surgical; The anticipated number of visits is other than 2.; 44%; PHOTO NECK; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/08/2021; No patient history in the past 90 days; Evaluation dates less 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; MCHS Functional Assessment; 26%; Non-Surgical; The anticipated number of visits is other than 2.; 29%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/19/2021; No patient history in the past 90 days; Evaluation dates less 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; optimal; 75; Non-Surgical; The anticipated number of visits is other than 2.; 80; optimal; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/19/2021; No patient history in the past 90 days; Evaluation dates less 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; Quick Dash; 21; Non-Surgical; The anticipated number of visits is other than 2.; 58%; Neck disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/22/2021; No patient history in the past 90 days; Evaluation dates less 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; Optimal tool; 25%; Non-Surgical; The anticipated number of visits is other than 2.; 25%; optimal instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body 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; 04/23/2021; No patient history in the past 90 days; Evaluation dates less 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; ROM,MANUAL THERAPY,GRASTON OR ASTYM TECHNIQUES; 25%; Non-Surgical; The anticipated number of visits is other than 2.; 25%; Manual therapy,ASTYM techniques; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body 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; 04/23/2021; No patient history in the past 90 days; Evaluation dates less 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; UEF1; 73% function; Non-Surgical; The anticipated number of visits is other than 2.; 73% function; upper extremity functional scale; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/27/2021; No patient history in the past 90 days; Evaluation dates less 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 anticipated number of visits is other than 2.; ; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/06/2021; No patient history in the past 90 days; Evaluation dates less 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; optimal; 75; Non-Surgical; The anticipated number of visits is other than 2.; 75; optimal; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/04/2020; C6 corpectomy with fusion C5-C7; 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; quick dash; 55%; Post-Op; The anticipated number of visits is other than 2.; 55%; upper extremity quick dash; 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; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/18/2021; No patient history in the past 90 days; Evaluation dates less 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; NONE; NONE; Non-Surgical; The anticipated number of visits is other than 2.; NONE; NONE; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical imparments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/19/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick DASH - Initial; 60%; Non-Surgical; The anticipated number of visits is other than 2.; 60%; Neck Disability Index Questionnaire - Initial; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion,	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/20/2021; No patient history in the past 90 days; Evaluation dates less 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; RANGE OF MOTION; PATIENT IS POOR POSTURE DUE TO HEADACHE;VERY TIGHT UPPER EXTREMITY (SHOULDER) FUNCTIONAL %; Non-Surgical; The anticipated number of visits is other than 2.; 38% DISABILITY;62% FUNCTIONAL; NECK DISABILITY SCORE; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/21/2021; No patient history in the past 90 days; Evaluation dates less 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; none ;muscle testing; ; Non-Surgical; The anticipated number of visits is other than 2.; 54%; Neck disability index questionnaire; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/25/2021; 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: ; Mach 10 score 5; na; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Mach 10 score 5; na; 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; 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; Mild or moderate objective	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/01/2021; No patient history in the past 90 days; Evaluation dates less 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; ; 75%; Non-Surgical; The anticipated number of visits is other than 2.; 22; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/07/2021; No patient history in the past 90 days; Evaluation dates less 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; Reaching; none; Non-Surgical; The anticipated number of visits is other than 2.; none; Reaching; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/10/2021; No patient history in the past 90 days; Evaluation dates less 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; UEFS; 72; Non-Surgical; The anticipated number of visits is other than 2.; 48; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/14/2021; No patient history in the past 90 days; Evaluation dates less 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; NDI; 80%; Non-Surgical; The anticipated number of visits is other than 2.; 80%; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/17/2021; 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: ; LEFS; 22; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; UEFS; 60; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/21/2021; No patient history in the past 90 days; Evaluation dates less 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; SPADI; 62%; Non-Surgical; The anticipated number of visits is other than 2.; 46%; ODI; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/21/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Functional Index; 32; Non-Surgical; The anticipated number of visits is other than 2.; 52%; Neck Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/22/2021; No patient history in the past 90 days; Evaluation dates less 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 anticipated number of visits is other than 2.; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability; constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Head/Neck was selected as the first body type/region;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body 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; 06/23/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO Neck Impairment Assessment; 44% functional; Non-Surgical; The anticipated number of visits is other than 2.; 44% functional; FOTO Neck Impairment Assessment; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body 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; 06/28/2021; No patient history in the past 90 days; Evaluation dates less 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; Enter name of tool here Enter score here Non-Surgical; The anticipated number of visits is other than 2.; Enter score here Enter name of tool here 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical imparments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 12/29/2020; No patient history in the past 90 days; Evaluation dates less 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; Pain Drawing; NA; Non-Surgical; The anticipated number of visits is other than 2.; NA; Pain drawing; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/21/2021; 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 other than 2.; SPADI; 45%; Therapy type is Rehabilitative; 45%; RANGE OF MOTION; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 04/29/2021; 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 other than 2.; Quick Dash and Modified Oswestry Low Back Pain Disability Questionnaire; Quick Dash 45%; Modified Oswestry 26%; Therapy type is Rehabilitative; 33%; Neck Disability Index; 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; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/13/2021; 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 other than 2.; None; None; Therapy type is Rehabilitative; Positive; Positive; Positive; Spurlings; Cervical compression; Cervical Distraction; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body 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; 06/01/2021; 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 other than 2.; ; ; Therapy type is Rehabilitative.; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body 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; 06/01/2021; 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 other than 2.; optimal; 75; Therapy type is Rehabilitative; 75; optimal; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/07/2021; 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 other than 2.; Neck Disability Index; 20%; Therapy type is Rehabilitative; 20%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/28/2021; 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 other than 2.; oswestry; 54%; Therapy type is Rehabilitative; 54%; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impariments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impariments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/28/2021; 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 other than 2.; Range of motion test and manual muscle testing; 25; Therapy type is Rehabilitative; 25; Range of motion test and manual muscle testing; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 06/29/2021; 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 other than 2.; Neck Disability Index; 82%; Therapy type is Rehabilitative; 82%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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.; neck; 25; 18; Low back; 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 functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/04/2021; 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; NECK DISABILITY INDEX; 46% FUNCTIONAL;54% DISABILITY; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 46% FUNCTIONAL ;54% DISABILITY; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body 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; 06/09/2021; 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; Wrist selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; Questions about your Wrist request: ; Assess Risk: Hospitalization Risk  Reasons;Hospitalization Risk Reason: Dyspnea;Hospitalization Risk Reason: Therapy services ordered;Hospitalization Risk Reason: History of Falls - 2 or more or any fall with injury in the past 12 months;Hospitalizatio; Total Score; Risk Profile Score: 10;Severity Level; Risk Profile Severity: High Risk;Severity Level Description;; Risk Profile Description: ED Utilization/Hospitalization Risk Assessment has been conducted. HIGH risk for ED;Utilization/Hospitaliza; The anticipated number of visits is other than 2.; Three or more visits anticipated; ; Confined to Home</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body 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; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Head/Neck request;; neck disability index; 46% functional;54% disability; The anticipated number of visits is other than 2.; 75% functional;25% disability; neck disability index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is</p>	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/24/2021; No patient 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; DASH; 77%; The anticipated number of visits is other than 2.; DASH; 77%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/01/2021; LEFT ROTATOR CUFF REPAIR; Post-Op; 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 anticipated number of visits is other than 2.; QUICK DASH; 25%; Post-Op; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/27/2021; No patient 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; EU FUNCTIONAL INDEX; 46; The anticipated number of visits is other than 2.; UE FUNCTIONAL INDEX; 53; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate objective and functional deficits without instability: sporadic</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/02/2021; No patient 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 other than 2.; ; 25/100; Therapy type is Rehabilitative; ; 24/100; 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; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/26/2021; No patient 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; Resisted L hip abduction caused pts LLE to go numb down to her toes; 55; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; SPADI; 55%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; 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 patient's presentation.; Mild or moderate objective and functional	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/15/2021; No patient 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; Mahc 10 patient scored a 7 patient at risk for falling; na; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Patient unable to participate; na; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/14/2021; hip surgery and open arm fracture; Post-Op; 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; tug; 25; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; tug; 25; Post-Op; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/18/2021; No patient 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; NONE; N/A; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; UPPER EXTREMITY FUNCTIONAL INDEX; 8%; 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; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/05/2021; No patient 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; Low Back; 40; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; DASH; 50; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/02/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 20; Non-Surgical; The anticipated number of visits is other than 2.; NA; NA; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/08/2021; No patient history in the past 90 days; Evaluation dates less 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; Dash; 25%; Non-Surgical; The anticipated number of visits is other than 2.; 30%; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: 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 clinical pre; Upper Extremity was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/22/2021; No patient history in the past 90 days; Evaluation dates less 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 anticipated number of visits is other than 2.; ; ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/27/2021; No patient history in the past 90 days; Evaluation dates less 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; n/a; n/a; Non-Surgical; The anticipated number of visits is other than 2.; n/a; n/a; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/07/2021; No patient history in the past 90 days; Evaluation dates less 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; Neck Disability Index; 46%; Non-Surgical; The anticipated number of visits is other than 2.; 46%; Neck Disability Outcome; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/11/2021; No patient history in the past 90 days; Evaluation dates less 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; Exercise and manual Therapy; none; Non-Surgical; The anticipated number of visits is other than 2.; none; Exercise and manual Therapy; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/14/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO; 47; Non-Surgical; The anticipated number of visits is other than 2.; 47; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability; 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 clinical pre; Upper Extremity was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/14/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO; 54; Non-Surgical; The anticipated number of visits is other than 2.; 54; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/22/2021; No patient history in the past 90 days; Evaluation dates less 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; Berg; 23; 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; Requestor is not a fax; Severe objective and functional deficits without instability: 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 clinical pre; The requesting provider is other than Physical Therapy or Occupational Therapy; Tug; 33.09; The patient was previously independent with mobility and now requires human	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/23/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper extremity Functional Index; 37/80; Non-Surgical; The anticipated number of visits is other than 2.; 37/80; Combined with Upper Extremity Functional Scale; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/28/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick DASH; 50%; Non-Surgical; The anticipated number of visits is other than 2.; ; none; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impariments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: 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 clinical pre;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/04/2021; No patient 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; Optimal instrument; optimal tool; 3%; 3%; Non-Surgical; Non-Surgical; 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; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/02/2021; No patient 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; SPADI; Spadi; 75% functional; 75% functional; Non-Surgical; Non-Surgical; 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; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/20/2021; No patient 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; The anticipated number of visits is other than 2.; FOTO; 70; Therapy type is Rehabilitative; DASH; 88.3%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/27/2021; No patient 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; The anticipated number of visits is other than 2.; Neck disability index.; 70%; Therapy type is Rehabilitative; UEPQ; 62%; 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; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/28/2021; No patient 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; The anticipated number of visits is other than 2.; Neck disability index.; 64%; Therapy type is Rehabilitative; UEPQ; 38%; 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; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Mild or moderate	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/11/2021; No patient 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; The anticipated number of visits is other than 2.; DASH; 31-40; Therapy type is Rehabilitative; DASH; 31; 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; Requestor is not a fax; Severe objective and functional deficits without instability: 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 clinical pre;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/03/2021; No patient 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; The anticipated number of visits is other than 2.; FOTO; 41; Therapy type is Rehabilitative; FOTO; 41; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/09/2021; No patient 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; Quickdash - 80% functional; 80% functional; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Quick Dash survey; 80% functional; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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 Hip/Pelvic; 04/26/2021; 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; Hip/Pelvis 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; Lower Extremity Functional Scale; 32%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Modified Oswestry Low Back Pain; 22% functional; 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 hip is beign 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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 Hip/Pelvic; 06/09/2021; 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; Hip/Pelvis 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; optimal instrument; 50%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; optimal instrument; 50%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign 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 patient's presentation.; Mild or moderate functional deficits due to thoracic/lumbar	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/06/2021; 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 more visits anticipated; Oswestry; 54%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestry; 54%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/07/2021; 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 more visits anticipated; range of motion; right lateral 20% ;left lateral 20%;lateral rotation 30%;lateral rotation left 30%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestry DI; 6.67%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/12/2021; 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 more visits anticipated; Oswestery; 18; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; DASH; Oswestery; 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; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/12/2021; 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 more visits anticipated; Oswestery; 44.44%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestery; 44.44%; 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; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/14/2021; 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 more visits anticipated; Oswestry Low Back Questionnaire; 34%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestry Low Back Questionnaire; 34%; 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; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05.11.2021; 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 more visits anticipated; Oswestry; 25%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Oswestry; 25%; 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; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/12/2021; 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 more visits anticipated; Back Index; None; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Back Index; None; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/07/2021; 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 more visits anticipated; MODIFIED OSWESTRY; 50%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; MODIFIED OSWESTRY LOW BACK; 50%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/25/2021; 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 more visits anticipated; optimal; 75; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; optimal; 75; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/02/2021; 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 other than 2.; NECK DISABILITY INDEX QUESTIONNAIRE; 44 OF 100; Therapy type is Rehabilitative; 44 OF 100; NECK DISABILITY INDEX QUESTIONNAIRE; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/09/2021; 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 other than 2.; optimal outcome tool; 8; Therapy type is Rehabilitative; 8; optimal outcome tool; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/13/2021; 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 other than 2.; QUESTIONAIRE; 7; Therapy type is Rehabilitative; 7; QUESTIONAIRE; 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; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/20/2021; 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 other than 2.; Neck Disability Index; 56%; Therapy type is Rehabilitative; 56%; Neck Disability Index; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments with distal symptoms best describes the patient's	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/12/2021; 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 other than 2.; optimal outcome tool; 11;Sitting 4;Standing 4;Patient Activity 3; Therapy type is Rehabilitative; 11; Optimal Outcome Tool; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments with distal	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/13/2021; 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 other than 2.; Low Back; 30; Therapy type is Rehabilitative; 28; Neck Disability; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/07/2021; 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 other than 2.; Oswestry; 88%; Therapy type is Rehabilitative; 72%; Neck Disability; 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; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/24/2021; 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 other than 2.; Modified Oswestry; 40%; Therapy type is Rehabilitative; 40%; Neck Disability Index; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/28/2021; 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.; OSWESTRY; 24; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; 30 SECOND SIT TO STAND; 6; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 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.; Low Back; 30; 28; Neck; 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 describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/05/2021; 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; Shoulder 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; The anticipated number of visits is other than 2.; Enter name of tool here Enter score here Therapy type is Rehabilitative; Enter name of tool here Enter score here 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; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/17/2021; 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; Shoulder 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; The anticipated number of visits is other than 2.; Low Back Pain Questionnaire; 52%; Therapy type is Rehabilitative; UEFI; 64%; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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 Hip/Pelvic; 06/02/2021; 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; Hip/Pelvis 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; tinetti; 7; The anticipated number of visits is other than 2.; Tinetti; 7; The anticipated number of visits is other than 2.; 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 hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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 Lumbar Spine; 05/26/2021; 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; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Wrist request: ; Three or more visits anticipated; Oswestry; 46; The anticipated number of visits is other than 2.; ROM; 25; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/10/2021; 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; UEFS; 20/80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; same; same; 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; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Severe objective and functional deficits: constant intense symptoms with severe loss of range of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 60; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Second Pass check point; Body Part for second pass is Lumbar Spine; 03/31/2021; 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; ; Three or more visits anticipated; Oswestry; 76%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 74%; Neck Disability Index; The anticipated number of visits is other than 2.; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Body Part for first pass is Head/Neck; Physical Therapy; 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; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Elbow; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/20/2021; intramedullary nailing of a left femur fracture and ulnar collateral ligament repair of the right elbow for an elbow dislocation; 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; QUICK DASH; 70.45%; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 04/14/2021; No patient history 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; DON'T KNOW; DON'T KNOW; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is being treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 04/21/2021; No patient history 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; UNKNOWN; UNKNOWN; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is Hip/Pelvis; 04/22/2021; No patient history 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; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beingn treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 04/22/2021; No patient history 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; unknown; unknown; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beign treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is Hip/Pelvis; 04/27/2021; No patient history 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 Pelvis/Hip request: ; Three or more visits anticipated; Enter name of tool here Enter score here Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The hip is beign treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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; 04/28/2021; No patient history 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; unknown; unknown; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 05/04/2021; No patient history 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; PFM exam; 40%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	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; 05/17/2021; No patient history 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 hip is being treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	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; 05/17/2021; No patient history 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; Lumbar O AM Grid; unknown; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Hip/Pelvis; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/01/2018; C Section; 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; LEFI; OSWESTRY BACK; LEFI = 71/80; OSWESTRY BACK = 34; THIS IS A LOWER BACK ISSUE BUT I SAW NOTHING ON THE LIST FOR THAT. I MAY HAVE OVERLOOKED.; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 06/07/2021; No patient history 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; perineal exam; Enter score here 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 06/07/2021; No patient history 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; unknown; unknown; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 06/17/2021; 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; LEF; 59%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee; 06/22/2021; 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; LEF; 18%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Knee; 06/28/2021; 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; LEF; 50%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; ; 50/100; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; Enter name of toPerform Therapeutic Exercise:Lower Extremity;Exercises 04/16/2021 11:59;" Details: sitting: ham curls TB, hip flex, laq, heel slides, hip abd/add;" Right Side: 1 Sets, 8 Reps;" Details: standing: ham curls, hip flex, calf raises, hip a; ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; Foto; 59; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; Koos, JR. Knee Survey; 55%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 14; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 18%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 20%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 22% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 41%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 71; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 75%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; NO SCORE DOCUMENTED; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; SCORE NOT ENTERED IN NOTES; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; Lower Extremity Functional Scale; 15; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; Lower Extremity Functional Scale; 38%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; Lysholm Knee Score; 47%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; NONE; N/A; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; none; none; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; 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;	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; optimal instrument; 25%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; 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;	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; optimal outcome; not available; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; 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;	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; PATIENT WAS RE-EVALUATED TODAY. SHE HAD KNEE SURGERY.; N/A; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; Tinetti; Tinetti score = 6; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; Womack; 82/96; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; optimal instrument; 50%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is Lumbar Spine; 04/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Enter name of tool here Enter score here 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	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; 04/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; NA; NA; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is Lumbar Spine; 04/15/2021; No patient history 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 Lumbar Spine request: ; Three or more visits anticipated; ; Enter score here 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; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021





4/1/2021 - 6/30/2021	4/1/2021	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; 04/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; unknown; unknown; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 36%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	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; 04/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; unknown; none; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	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; 04/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 46%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 05/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY; 50%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Lumbar Spine; 05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY; 28 % DISABILITY; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Lumbar Spine; 05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/08/2020; Spinal Infusion L4-L5; 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; Oswestry-26/50; 26/50; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; lufs; 42%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; NA; NA; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is Lumbar Spine; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 80; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY; 25%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 05/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 48%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 76%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021





4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal outcome tool; 20%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; 58%; BACK INDEX; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; 60%/54%; NECK INDEX ;BACK INDEX; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 05/04/2021; 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; LEFS &amp; Berg balance; 43 LEFS &amp; 64 B B; 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); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 05/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck 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; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 05/11/2021; 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; 42%; NECK INDEX; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested</p>	1 2021	Apr-Jun 2021

Perform Body Part selection; First Pass;  
Body Part for first pass is not in options listed; 05/18/2021; 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; 67%; NECK DISABILITY INDEX; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested

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Body Part for first pass is not in options listed; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; 52%; NECK DISABILITY INDEX; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for

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4/1/2021 - 6/30/2021 4/1/2021

Physical Medicine Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

4/1/2021 - 6/30/2021 4/1/2021

Physical Medicine Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here n/a; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/03/2021; ORIS; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; unknown; unknown; 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 Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is not in options listed; 06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here Enter name of tool here Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 06/23/2021; 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; 50; Quick Dash; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	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; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Enter name of tool here Enter score here One Body Part selected; 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 Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	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; 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: ; Enter name of tool here Enter score here Two Body Parts selected; None of the above best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Shoulder; 04-06-2021; No patient history in the past 90 days; Evaluation dates less 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; SHOULDER PAIN AND DISABILITY INDEX; 63; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Shoulder; 04/13/2021; No patient history in the past 90 days; Evaluation dates less 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; Enter name of tool here Enter score here 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 05/03/2021; No patient history in the past 90 days; Evaluation dates less 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; none; none; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 05/11/2021; No patient history in the past 90 days; Evaluation dates less 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; Quick dash; 73; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 05/24/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 48%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Shoulder; 05/26/2021; No patient history in the past 90 days; Evaluation dates less 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; aram; 50; Non-Surgical; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 05/26/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 88%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Shoulder; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/29/2021; right shoulder arthroscopy with anterior labral repair; 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; QUICK DASH; 70%; Post-Op; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 05/28/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 31.8%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Shoulder; 06/03/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick DASH; 75/100; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021

				<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part for first pass is Shoulder; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/28/2021; OPEN REDUCTION INTERNAL FIXATION, AC JOINT, ARTHROSCOPICALLY ASSISTED; 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; QUICK DASH; 77%; Post-Op; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	<p>1 2021</p>	<p>Apr-Jun 2021</p>
				<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 06/17/2021; No patient history in the past 90 days; Evaluation dates less 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; BACK INDEX; 32%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested</p>	<p>1 2021</p>	<p>Apr-Jun 2021</p>

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 06/18/2021; No patient history in the past 90 days; Evaluation dates less 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; quick dash; 36; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Shoulder; 06/29/2021; No patient history in the past 90 days; Evaluation dates less 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; na; na; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; Dash; 41%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; DASH; 47; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; DASH; Unknown; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 36; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; Oswestry; 70; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; QUICKDASH; SCORE NOT ENTERED IN NOTES; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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: ; Shoulder Disability; 3; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; SPADI; 0%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; 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:	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; SPADI; 80 %; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	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: ; UEFI; 53/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	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: ; Upper Extremity Quick DASH; 36%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 03-31-2021; 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; OP PT EXTREMITY EVAL; REFER TO PATIENT PT EVAL AND PLAN OF CARE; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 04/01/2021; 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; foto; 46; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/02/2021; bicep reattachment; 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; Functional Outcome-Dash; 68.3; 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 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 04/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/05/2021; lateral elbow joint repair; 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; dash; 76; 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 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 04/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/15/2021; Left elbow bursectomy; 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; Upper Extremity Quick DASH; 73%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 05/06/2021; 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; Dash; 34%; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 05/18/2021; 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; Quick Dash; ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/27/2021; ORIF; 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: 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 06/07/2021; 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; FOTO; 41; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 06/15/2021; 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; DASH; 56%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/04/2021; Elbow Instability Repair; 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; UEFI; 0; 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 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 06/29/2021; 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; MCHS Functional Assessment; 87%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; WNL; 50%; 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 presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/30/2021; 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.; optimal outcome tool; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04-06-2021; 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.; PLEASE REFER TO THE PATIENT EVAL AND PLAN OF CARE.; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/08/2021; 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.; ueff; 41; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/15/2021; 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.; optimal outcome tool; 25%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/22/2021; left hand extensor tendon lacristion; 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.; psfs; 100%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/01/2021; 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.; DASH Index; 65%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/14/2021; tendon repair scar tissue removal; 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.; Enter name of tool here 25; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/17/2021; 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.; DASH; 20.5%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/14/2021; PINNING AND SOFT TISSUE REPAIR OF R INDEX FINGER 04/14/2021 AND PIN REMOVAL 05/15/2021; 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.; QUICK DASH; 34 OF 100; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 01/29/2021; No patient history 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; FFSI; 8/33; The 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.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/12/2021; No patient history 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; Enter name of tool here Enter score here The 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.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/03/2021; No patient history 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 objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/12/2021; No patient history 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; VISUAL EXTERNAL EXAM; 50%; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/31/2021; No patient history 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; PFDI-20; 82.25%; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/29/2021; ; 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; LOWER EXTREMITY FUNCTIONAL SCALE (LEFS); 20% FUNCTIONAL AND ;80% DISABILITY; The 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 objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/01/2021; No patient history 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; Optimal; 30%; The 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 objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/02/2021; No patient history 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; photo; 35.0; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/15/2021; RIGHT HIP DIAGNOSTIC AND OPERATIVE ARTHROSCOPY WITH ARTHROSCOPIC LABRAL REPAIR, ACETABULPLASTY AND FEMOROPLASTY; 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; LEFS; 16%; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/29/2021; Total Hip Replacement; 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; pt evaluation; 50; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/06/2021; No patient history 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; Enter name of tool here Enter score here The 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 treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/06/2021; No patient history 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; Rehab Function and Pain Questionnaire; 30%; The 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 treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/07/2021; No patient history 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; FOTO; 36; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/04/2021; Total hip replacement; 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; MAHC 10 Fall Risk Assessment; 7; The 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 objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/12/2021; No patient history 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; FOTO; 26 OUT OF 100; The 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 treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/12/2021; No patient history 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; ROM; Enter score here The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2021; hip replacement surgery; 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; MAHC 10 Fall Assessment; 50; The 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.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/15/2021; No patient history 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; FOTO; 33; The 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.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/14/2021; Rt total hip arthroplasty.; 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; Enter name of tool here Enter score here The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/19/2021; No patient history 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; ICIQ-UI; 29.6; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/20/2021; No patient history 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; tinetti gait scale; 17; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/22/2021; No patient history 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; LEFS; 61%; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/22/2021; No patient history 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; PFDI; Unknown; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/26/2021; No patient history 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; FSFI; 58.61%; The 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.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/26/2021; No patient history 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; Oswestry; 62.2; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/27/2021; No patient history 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; pelvic floor vaginal internal exam; none; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/27/2021; No patient history 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; SCALE; 75%; The 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.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/28/2021; No patient history 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; LEFS; 69%; The 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.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/29/2021; No patient history 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; PFDI; Unknown; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/29/2021; No patient history 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; PFDI; Unknown; The 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.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/03/2021; No patient history 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; hoos; 25; The 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.; 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 patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/03/2021; No patient history 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; PAIN SPECIFIC FUNCTIONAL SCALE; 27.5%; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/05/2021; No patient history 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; LEFS; NO SCORE DOCUMENTED IN EVAL NOTES; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/05/2021; No patient history 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; LEFS; NO SCORE DOCUMENTED ON EVAL NOTES; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/06/2021; No patient history 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; PFDI; Unknown; The 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.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/07/2021; No patient history 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; PFPT Strength Test; 20%; The 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.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/10/2021; No patient history 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; FOTO; 52%; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/11/2021; No patient history 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; LEFS; 15; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/11/2021; No patient history 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; Lower Extremity Functional Scale; 57/80; The 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 treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/11/2021; No patient history 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; Optimal instrument; 0%; The 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 treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/13/2021; No patient history 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; corefoccs; 50%; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/14/2021; No patient history 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; Pelvic Floor Impact Questionnaire; 50%; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/20/2021; No patient history 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; Foto Hip; 52% Functional; The 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 treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/20/2021; No patient history 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; LEFS; 26; The 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 treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/21/2021; No patient history 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; POC; 27; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/08/2021; s/p THA; 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; LEFS; 19; The 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.; 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 patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/18/2021; Total Hip Replacement - rt.; 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; BERG; BERG = 8pts.; The 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.; 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 patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/24/2021; No patient history 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 LOWER EXTREMITY FUNCTIONAL SCALE; 15% FUNCTIONAL; The 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 objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/25/2021; No patient history 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; UDI; 25%; The 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.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/25/2021; No patient history 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; unknown; unknown; The 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 beigng treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/25/2021; No patient history 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; WOMAC; 28; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/26/2021; No patient history 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; LEFS; 75.3%; The 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.; 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 patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/26/2021; No patient history 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; psfs; 40; The 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.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/24/2021; RIGHT TOTAL HIP; 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; Right Lower Extremity Impaired;" Movement: All Movements (Grade 2+);;Note: pt presents with slow cadence, unequal step length, and decreased R hip flexion; using kitchen counter for support, pt performed standing marching activity for 30sec on 2HHA and 30sec off with no;HHA 3min working standing tolerance, SLS support, and balance; The 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 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	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/25/2021; total hip replacement; 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; TINETTI; 12; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/27/2021; No patient history 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; Modified Harris hip; 35; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/27/2021; No patient history 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; PFDI; 79.17; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/28/2021; No patient history 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; Perineal exam; unknown; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/01/2021; No patient history 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; FOTO OUTCOME MEASURES; 44; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/01/2021; No patient history 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; FOTO; 40/100; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/02/2021; No patient history 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; ABDOMINAL STRENGTH; 60%; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/02/2021; No patient history 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; PFDI; ; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/03/2021; No patient history 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; ; 59; The 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.; 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 patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/04/2021; No patient history 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; LEFS; 50; The 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 objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/07/2021; No patient history 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; PFDI; Unknown; The 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.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/08/2021; No patient history 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; Enter name of tool here Enter score here The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/08/2021; No patient history 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; Optimal tool; 25%; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/08/2021; No patient history 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; PFDI; Unknown; The 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.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/09/2021; No patient history 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; faber test; 18; The 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.; 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 patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/09/2021; No patient history 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; low bp disability; 48%; The 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.; 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 cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/10/2021; No patient history 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; Enter name of tool here Enter score here The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/10/2021; No patient history 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; FSFI; 45.6%; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/10/2021; No patient history 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; pelvic exam; n/a; The 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.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/14/2021; No patient history 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/14/2021; No patient history 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; LEFS; 40%; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/15/2021; No patient history 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; PSFS/FSFI; 45%/91.4%; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/15/2021; No patient history 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; SCALE; 25%; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/16/2021; No patient history 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; active muscle test, muscle ROM, muscle length; abduction 4-, 4-, extension 4-, flexion 3+, external rotation 3+, internal rotation 3+, ROM normal; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/16/2021; No patient history 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; LEFS; 10%; The 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 objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/16/2021; No patient history 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; NA; NA; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/16/2021; No patient history 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; PFIQ-7; 43%; The 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.; 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 cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/16/2021; No patient history 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; PHYSICAL EXAM; 50; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/16/2021; No patient history 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; running scale; 25%; The 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.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/17/2021; No patient history 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; Foto; 44; The 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.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/17/2021; No patient history 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; LEFS; NO SCORE DOCUMENTED IN EVAL NOTES; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/17/2021; No patient history 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; PATIENT SPECIFIC FUNCTIONAL SCALE; 46%; The 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.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/18/2021; No patient history 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; n/a; 52; The 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 treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/15/2021; right hip replacement; 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; Tenety scale; 17%; The 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 treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/21/2021; No patient history 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; ; 55%; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/21/2021; No patient history 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; FOTO; 69%; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/21/2021; No patient history 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; PFDI; Unknown; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/22/2021; No patient history 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; Foto; 48; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06-15-2021; RIGHT Total hip arthroplasty; 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; OXFORD HIP SCORE; 5 PERCENT; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/23/2021; No patient history 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; Lower Extremity Functional Scale; 6/80; The 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 objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/23/2021; No patient history 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; PDFI-20; 63.54; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/23/2021; No patient history 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; PDFI-20; 118.75; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/23/2021; No patient history 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; SEE CLINICALS; SEE CLINICALS; The 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 treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/24/2021; No patient history 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; PFDI PAIN; 50%; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/25/2021; No patient history 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; LOWER EXTREMITY FUNCTIONAL SCALE; 34/80; The 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.; 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 patient's presentation.; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/28/2021; No patient history 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; LEFS; 75% functional; The 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/28/2021; No patient history 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; PSFS AND PGQ; 57% AND 27%; The 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.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/29/2021; No patient history 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	2 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/29/2021; No patient history 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; LEFS; 37; The 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 treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/30/2021; No patient history 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; lower extremity functional index; 45%; The 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 treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/14/2021; No patient history 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; LOWER EXTREMITY FUNCTIONAL SCALE; 23; The anticipated number of visits is other than 2.; 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 hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The requesting provider is other than Physical Therapy or Occupational Therapy; LOWER EXTREMITY FUNCTIONAL SCALE; 23; The patient was NOT previously	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; ; 50/100; 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 best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; ; 80/100; 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 best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; FOTO; 49; 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 the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; Lefs; 33; 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 patient's presentation.; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; LEFS; 63%; 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 the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; LEFS; 65%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; LEFS; 78% functional; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; LEFS; SCORE WAS NOT ENTERED IN NOTES; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; Lower Extremity Functional Scale; 66 OF 80; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; PSFS; 32.5; 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 describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; TINETTI; 19; 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 the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/02/2021; 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; none; none; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/11/2021; 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; LEFS; did not fill out; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/17/2021; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/23/2021; 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; N/A; 25%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/31/2021; 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; FOTO; 53%; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/01/2021; 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; LYSHOLM KNEE; 53%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/05/2021; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/06/2021; 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; Lower Extremity Functional Scale; 50%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/07/2021; 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; Optimal; 25; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/08/2021; 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; disability index; 40; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/08/2021; 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; range of motion; Enter score here 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/09/2021; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/12/2021; 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; KOOS Jr; 48; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/12/2021; 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; Optimal; 11; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/13/2021; 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; kls; 40; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/13/2021; 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; Lefs; 29; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/13/2021; 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; LEFS; 38; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/14/2021; 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; FOTO; 55 OUT OF 100; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/14/2021; 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; LEFS; 16; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/15/2021; 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; LEFS (lower extremity functional scale; 57.5%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/19/2021; 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; Koos JR; 55%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/19/2021; 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; Lower Extremity Functional Scale (LEFS); 17% disability; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/19/2021; 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; rom test and manual testing; 75; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/19/2021; 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; Sit to stand.; N/A; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/20/2021; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/20/2021; 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; ; 50/100; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/20/2021; 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; FOTO; 54; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/20/2021; 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; Lower Extremity Functional Scale; 15/80; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/21/2021; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/21/2021; 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; Koos, Jr. Knee; 40.7%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/21/2021; 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; LEFS; 36; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/22/2021; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/22/2021; 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; Enter name of tool here Enter score here 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/22/2021; 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; Foto; 57%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/22/2021; 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; LEFS; 22; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/22/2021; 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; LEFS; 34; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/22/2021; 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; lefs; 41; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/23/2021; 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; LEFS; 58%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/27/2021; 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; LEFS; 71/80; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/27/2021; 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; rehab and function questionnaire; 26%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/28/2021; 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; ; 65%; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/29/2021; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/29/2021; 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; Koos Knee; 54%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/30/2021; 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; FOTO; 31%; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/30/2021; 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; LOWER EXTREMITY FUNCTIONAL SCALE; 41/80; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/03/2021; 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; Lower Extremity Functional Scale; 6/80; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/04/2021; 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; Enter name of tool here Enter score here 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/04/2021; 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; FOTO Knee; 36% Functional; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/04/2021; 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; Lower Extremity Functional Scale; 15%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/05/2021; 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; optimal tool; not available; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/07/2021; 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; optimal instrument; 50%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/11/2021; 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; ; 50/100; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/12/2021; 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; LEF; 72/80; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/12/2021; 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 Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC); 90%; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/13/2021; 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; LEFS; 62%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/14/2021; 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; LEFS; 40 OUT OF 80; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/17/2021; 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; FOTO; 6; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/17/2021; 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; FOTO; 48; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/17/2021; 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; LEFS; 34; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/17/2021; 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; lefs; 51; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/17/2021; 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; optimal instrument; 50%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/18/2021; 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; optimal instrument; 50%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/19/2021; 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; LEFS; 34; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/19/2021; 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; LEFS; 50; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/19/2021; 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; N/A; N/A; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/20/2021; 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; Lower Extremity Functional Scale; 42%; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/20/2021; 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; Lower extremity; 17; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/20/2021; 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; NEW OXFORD KNEE SCORE QUESTIONNAIRE; 64 PERCENT; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/20/2021; 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; Optimal; 75; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/21/2021; 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; LOWER EXTREMITY FUNCTIONAL SCALE; 26% FUNCTIONAL; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/21/2021; 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; Not done; none; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/24/2021; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/24/2021; 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; foto; 39; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/24/2021; 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; Lower Extremity Functional Scale; 0/80; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/25/2021; 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; ; 50/100; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/26/2021; 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; ; 25%; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/26/2021; 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; LEFS; 16%; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/26/2021; 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; LEFS; 34/80; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/26/2021; 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; none; none; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/26/2021; 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; Optimal Instrument; 75%; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/27/2021; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/27/2021; 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 LOWER EXTREMITY FUNCTIONAL SCALE; 60% FUNCTIONAL; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/01/2021; 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; optimal; 75; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/03/2021; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/03/2021; 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; FOTO; 52; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/03/2021; 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 LOWER EXTREMITY FUNCTIONAL SCALE; 41%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/04/2021; 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; Goniometer; 0-130; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/04/2021; 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; LEFS; 33%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/04/2021; 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; Lower Extremity Functional Scale; 50%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/04/2021; 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; Optimal Instrument; 50%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/07/2021; 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; foto; 12; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/07/2021; 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; LEFS; 45; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/07/2021; 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; MCHS Functional assessment; 40% disability; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/08/2021; 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; LEFS; 9/80; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/08/2021; 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; LEFS; 68%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/08/2021; 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; Lower Extremity Functional Scale; 23/80; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/09/2021; 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; FOTO; 40; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/09/2021; 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; LEFS; 26/80; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/09/2021; 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; Lower Extremity Functional Scale (LEFS); 53.75%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/09/2021; 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; lower extremity functional scale; ; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/10/2021; 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; KNEE OUTCOME SURVEY (ADLS); 27%; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/10/2021; 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; LEFS; 26%; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/11/2021; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/11/2021; 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; FOTO; 62; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/14/2021; 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; LEFS; 29/80; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/14/2021; 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; Lower Extremity Functional Scale; 14%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/14/2021; 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; LOWER EXTREMITY FUNCTIONAL SCALE; 20/80; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/14/2021; 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; optimal instrument; 50%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/15/2021; 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; FOTO; 64%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/15/2021; 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; LEF; 79; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/15/2021; 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; LEFS; 50%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/15/2021; 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; Lefs; 56; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/15/2021; 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; LOWER EXTREMITY FUNCTION SCALE; 56% FUNCTIONAL; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/15/2021; 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; LOWER EXTREMITY FUNCTIONAL SCALE; 26% FUNCTIONAL; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/15/2021; 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; lysolm knee; 64%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/15/2021; 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; TUG; 28.45; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/15/2021; 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; WOMAC; ; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/16/2021; 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; ; 63; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/16/2021; 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; FOTO; ; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/16/2021; 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; Optimal Instrument; 50%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/16/2021; 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; WOMAC; 41.6; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/21/2021; 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; foto; 41; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/21/2021; 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; Knee injury Osteoarthritis Outcomes Score; 40 OF 100; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/21/2021; 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; optimal instrument; 50%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/22/2021; 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; ; 50/100; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/22/2021; 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; lefs; 55; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/22/2021; 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; Optimal Instrument; 25%; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/22/2021; 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; optimal instrument; 50%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/23/2021; 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; Lower extremity.; 58.00; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/23/2021; 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; optimal instrument; 75%; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/24/2021; 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; LEFS; 7; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/24/2021; 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; Lower Extremity Functional Scale; 16/80; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/25/2021; 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; LEFS; 75; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/28/2021; 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; LEFS; 34; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/29/2021; 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; LEFS; 36/80; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/30/2021; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/30/2021; 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; LEFS; 74%; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request.; Three or more visits anticipated; Lefs; 50; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 02/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 38/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; modified oswestry; 64; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 37; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 22%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OFFWESTRY; 38.0; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 50; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Back Index; 20/50; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; oswestry; 48%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04-12-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 60; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO Lumbar Impairment Assessment; 43%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Low back Pain; 36; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Tool; 46%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal outcome tool; lying/sitting 2;bending stooping 3;standing 3; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 32; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal Instrument; 65%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ROM OF LUMBAR SPINE; 50% DISABILITY; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; 10/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Focus On Therapeutic Outcomes, Inc; 48; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry: Low Back Disability Index; 28% functional limitation.The Oswestry Disability Index (also known as the Oswestry LowBack Pain Disability Questionnaire) is an extremely important to thatresearchers and disability evaluators use to measure a patient'spermanent functional disability. Th; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; 50/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LBI; 40/50; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LEFS; 35/80; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN DISABILITY; 40.6%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ODI; 36% DISABILITY; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal; 9; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 21; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Womac; 33%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal Instrument; 75%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 25; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 40; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 31; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 44%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 50%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal instrument; 25%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Ostrwry; 11/24; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 34%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 29; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal instrument; 25%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 28%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 56; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 37/80; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 30; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 56; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; 50/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; back index; Enter score here The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 57%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; N/A; N/A; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal instrument; 25%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; ; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; DASH; 6; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; GAD; 2; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 20; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 84%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 26%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN DISABILITY; 68.6%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY; 34%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 54; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 60; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; range of motion; 56; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; 53; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 72%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 29; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 46 OUT OF 100; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 36; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Unknown; Unknown; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/15/2021; L4-5 Microdiscectomy with repair of dural tear; 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; OSWESTRY; 76% functional; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; 50/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; lefs; 22; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified OSWESTRY and LEFS; OSWESTRY 60%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestery; 13%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN DISABILITY QUESTIONAIRE; 48%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 40%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal outcome tool; 25%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; unknown; Enter score here The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/25/2021; L3-S1 laminectomy and fusion for stenosis and foraminal stenosis; 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; OSWESTRY; 23; The 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 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN DISABILITY; 60.4%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal; 75; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low back pain disability questionnaire; 24%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; N/A; 40%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestery; 50%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Low Back; 52; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Disability Index; 58% functional; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 53; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 56; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 58%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 80%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; ; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Hoos; 32.5%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal instrument; 25%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal instrument; 75%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry Low back Disability; 79%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 28; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 37; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 68; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ROM low back right side bend decrease 20% with pain rating 7/10 at end range. Forward flexion pain rating 6/10 at 30 degrees. Moderate to severe muscle spasm right low back L2 thru S2 with pain rating 6/10. Negative straight leg test with negative bow str; 65% functional; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/10/2021; 1. L4 LAMINECTOMY, BILATERAL MEDIAL FACETECTOMY AND FORAMINOTOMY; 2. L5 HEMILAMINECTOMY WITH BILATERAL L5-S1 FORAMINOTOMY; 3. REPAIR OF DURAL TEAR; 4. INTRAOPERATIVE NEUROMONITORING; 5. USE OF OPERATING MICROSCOPE FOR LUMBAR SPINE SURGERY; 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; OSWESTRY; 48%; The 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 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; Physical Therapy;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 18%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN DISABILITY; 44.8%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; None; None; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; range of motion test and manual muscle testing; 50; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; aswertry; 86; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 22/100; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OBWESTRY; 44; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 50%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; NO SCORE DOCUMENTED; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05-07-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; na; na; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; back index; 58; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 50%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Index; 42%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; odi; 50; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal Outcome Tool; 9;Sitting 3;Standing 3;Bending Stooping 3; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal outcome tool; 50%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal outcome tool; Lying flat 4; sitting 4; bending stooping 4; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY MOFIFIED; 70%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 38%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/22/2021; redo discectomy 02/22/21 original sx10/2020; 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; Oswestry; 50%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; 50/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 56/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal; 50; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry disability index; 68%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry disability index; Unknown; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 14/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 28; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 52; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Tinetti, Slump, SLR; 21/28 Fall score; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; 47%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry; 58%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal Instrument; 50%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 42; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; 50/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN QUESTIONAIRE; 65.3%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestery; 51%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; 36; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry low back pain disability questionnaire; 46%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 54; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Back Index; 60% Disability; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK DISABILITY QUESTIONNAIRE; 13 PERCENT; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN DISABILITY; 58%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN DISABILITY; 76%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 25%; The 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 lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry Low Back Pain; 52%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; 50/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Questionnaire; 50%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 68% functional; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; ; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Low Back Initial Evaluation; 75%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain - Initial; 66%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 68 percent functional; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; 50/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 37; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 66%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 72; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/23/2021; L4-5 Laminectomy/Discectomy; 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; OSWESTRY; 15; The 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 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal tool; not available; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 14%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 32/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 42/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Foto Outcomes; 57; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; ; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY LOW BACK; 83%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 17.8%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 18% disability; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 67%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 33%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LEFI; 9; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low back pain questionnaire; 36%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 60%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal Instrument; 66% functional; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; ; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 61; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

	4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; low back pain disability; unknown; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
	4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain - Initial, 55%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain Disability Questionnaire; 72%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain Disability Questionnaire; 80%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 8/50; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE; 14; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 40%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; SCORE NOT DOCUMENTED IN EVAL NOTES; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; unknown; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 60%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; 63; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK QUESTIONNAIRE; 18/50; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 52%; The 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 lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 25%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal Instrument; 50%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry Low Back Pain Disability Questionnaire; 32% Moderate Disability; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back; 52%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 46%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 58%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 0; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 40; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 44%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 48%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 25; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; 66; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LOW BACK PAIN DISSABILITY; 14/50; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Low Back; 32; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Disability Questionnaire; 46%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 60/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 60%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 72%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry; 34; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal = Dr Hord office visit 5/24/2021; 75; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTERY BACK PAIN QUESTIONNAIRE ;PATIENT SPECIFIC FUNCTIONAL SCALE; 56% FUNCTIONAL OSWESTERY;5.7 PATIENT SPECIFIC FUNCTIONAL SCALE; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry Low Back Pain Disability Questionnaire; 38.0%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 11; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Photo lumbar; 64%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; back index; 30; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; ; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 45; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Index; 60%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY; 23/50; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry; 30%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 58; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 58%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; 50%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; INITIAL EXAM; ; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 46/100; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; NONE; NONE; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTERY BACK PAIN QUESTIONNAIRE; 82%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 14%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; PSFS; 83%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 0% disability; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Owestrestry; 64; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; sit to stand; 50; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; back index; 28 percent; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Low Back; 70; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain Disability Questionnaire; 72%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06-01-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LEFS; 31 % functional; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06-03-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; 37; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06-09-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; oswestry; 76; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 15 PERCENT; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 50; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; heat; Enter score here The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; none; none; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ODI; 42%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 58%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; UNKNOWN; UNKNOWN; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 33; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 58; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN DISABILITY; 40.6%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back; 74%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; ; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 50%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 71%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; ; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Low Back Index; 90% disability; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; no; Enter score here The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal outcome instrument; 50%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal outcome tool; 12;rolling over 4;sitting 4;standing 4; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 12; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 24/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 46%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 50% DISABILITY 50% FUNCTIONAL; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 50%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; SCORE NOT ENTERED IN EVAL NOTES; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestery; 56%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal instrument; 40%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal Instruments; 50%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 46% IMPAIRED; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Faces; 75%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 35/100; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Foto; 37; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LEFS; 18/80; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN; 32/100; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY; 75%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; n/a; n/a; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ODI; 64%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal instrument; 50%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; 50/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO Lumbar Impairment Assessment; 32% functional; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; lefs; 25%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Low Back Pain Disability Questionnaire; 80%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified low back pain; 8/50; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestery; 44%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 80; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; osw; 16%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 38; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; UNKNOWN; 60; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; 50/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; 60; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 46; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN DISABILITY; 42%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY; 28%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ODI; 34%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ODI; 36; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 16; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 58; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; NO SCORE DOCUMENTED IN EVAL NOTES; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; PSFS; 81%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; NA; NA; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 18/100; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 50/100; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 54; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/23/2021; lumbar laminectomy; 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; FOTO; 38/100; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/07/2021; L4-L5 Discectomy, laminectomy and foraminotomy; 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; Modified Oswestry Low Back Disability; 60%; The 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 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; NA; NA; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; none; none; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 40%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 64% disability; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 27; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 30%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Low Back Pain Questionnaire; 22%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY; 18/50; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; NONE; 10%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; none; none; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 50%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 26%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 51; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; unknown; unknown; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Enter name of tool here Enter score here The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; ; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; in house eval; Mobility 40%; Changing body positions 30%; Carrying and Moving Objects 20%; Self Care 30%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; LEF; 95; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OSWESTRY LOW BACK PAIN DISABILITY; 58.8%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 54%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OPTIMAL OUCTOME INSTURMENT; 50%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 46%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 66%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 72; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; PSFS; 77%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 65%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain; 62%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; MODIFIED OWESTRY; 52%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal; 25; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Back Index; 19; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY Disability index; 44%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 20; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 74%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; foto; ; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 32; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 40%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 75%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Positive straight leg test with negative bow string LLE.;Negative straight leg test with negative bow string RLE.;Moderate to Severe amount of paraspinal spasm L2 thru S2 bilateral greater on the left. Significant tenderness L3-4, L4-L5, and L5-S1 on le; 50%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ROLAND-MORRIS LOW BACK PAIN AND DISABILITY QUESTIONNAIRE; 62.5%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 12; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 44%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/20/2021; L5-S1 microdiscectomy and complete L5 laminectomy; 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; OSWESTRY; SCORE NOT DOCUMENTED IN EVAL NOTES; The 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 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry Low Back; 56%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry Low Back Pain Disability Questionnaire; 30%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN; 56/100; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 24; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 27/50; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 60%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; WebPT; 40/100; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry Low Back Pain, 46%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ODI; 44%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 72; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 58%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; EVALUATION;THERAPEUTIC EXERCISE; N/A; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 38; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Foto; 48; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Low Back; 48; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Optimal; 12; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry LBP Questionnaire; 26%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE; 66% DISABILITY AND 34% FUNCTION; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 36; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; OSWESTRY; 50%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 63%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; lumbar spring test; 25 %; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; modified low back pain disability; 38; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 50; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 52; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry Low Back Pain; 78%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Back Index; 54%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal; 75; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; back index; 22; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; LBPQ; 80%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Modified Oswestry; 76; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 22%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 50; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Modified Oswestry; 90% Functional; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE; 30% DISABILITY AND 70% FUNCTIONAL; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 40%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 55%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; optimal instrument; 50%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 04/12/2021; No patient history 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; MODIFIED OSWESTRY; 16/50; MDOIFYED OSWESTRY; 16/50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 05/18/2021; No patient history 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; Oswestry Disability Questionnaire; 44%; Oswestry Disability Questionnaire; 44%; The anticipated number of visits is other than 2.; 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 Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/02/2021; No patient history 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: ; NONE; NA; Three or more visits anticipated; MODIFIED OSWESTRY; 15; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; None of the above best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; DASH; 6.75; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; foto lumbar; 36% functional; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; foto; ; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; FOTO; ; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; Foto; 68; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; FOTO; 72%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; foto; 73; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; Low Back Initial Evaluation; ; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; modified Oswestry Index; 26.0%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; Modified Oswestry Low Back Pain; 80%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; Modified Oswestry; 26; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; ODI; 24%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; optimal instrument; 25%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; optimal tool; 50%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; OSWESTRY; 32%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; Oswestry; 51%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; Oswestry; 70%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; Oswestry; 72; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; Oswestry; 72%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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: ; PROGRESS NOTE; ; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/29/2021; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

				<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/31/2021; 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; None; None; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	<p>1 2021</p>	<p>Apr-Jun 2021</p>
<p>4/1/2021 - 6/30/2021 4/1/2021</p>	<p>Physical Medicine</p>	<p>Approval</p>		<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/02/2021; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	<p>1 2021</p>	<p>Apr-Jun 2021</p>

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/02/2021; 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; 74% DISABLE; N/A; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/05/2021; 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; 6.0; NDI; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/05/2021; 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; 50%; optimal instrument; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/05/2021; 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; tinneti; unknown; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/06/2021; 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; 46%; NDI; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/06/2021; 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; 60%; NECK DISABILITY INDEX; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/06/2021; 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; 65%; NECK INDEX; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/06/2021; 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; 75%; Neck disability index; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/06/2021; 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; ; Questionare; 10; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/07/2021; 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; 33; NECK DISABILITY INDEX; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/07/2021; 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; TUG; 25%; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/08/2021; 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; 60%; Neck Disability Index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/09/2021; 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; 14%; DHI; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/09/2021; 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; unknown; neck pain index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/12/2021; 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; 22%; neck disability index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/12/2021; 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; 48; Neck Disability; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/12/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/12/2021; 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; optimal instrument; 25%; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/12/2021; 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 type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/13/2021; 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; 20; OSWESTRY NECK PAIN AND DISABILITY; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/13/2021; 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: ; optimal instrument; 35%; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/13/2021; 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: ; Optimal Instrument; 50%; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/14/2021; 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; 46/100; FOTO; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/14/2021; 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; 50%; neck disability index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/14/2021; 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; 50%; optimal instrument; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/19/2021; 1. C6-C7 ANTERIOR CERVICAL DISKECTOMY AND FUSION, DECOMPRESSION SPINAL CORD AND BILATERAL NEURAL ELEMENTS;2. ANTERIOR PLATE FIXATION, C6-C7;3.INTERBODY CAGE PLACEMENT, C6-C7;4. INTRAOPERATIVE NEUROMONITORING; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 62%; NECK; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not	1 2021	Apr-Jun 2021





4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/16/2021; 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; 40%; NECK DISABILITY INDEX; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/16/2021; 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; 50/100; ; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/19/2021; 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: ; ; 50/100; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/19/2021; 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: ; LOWER EXTREMITY FUNCTIONING SCALE; 20/80; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/20/2021; 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; BERG; 25; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/20/2021; 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; LOWER EXTREMITY FUNCTIONAL SCALE; 39/80; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/20/2021; 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; ; Lefs; 30%; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/21/2021; 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; 36%; Neck Disability Index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/21/2021; 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; 53.3%; NDI; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/21/2021; 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; N/A; N/A; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/21/2021; 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; TUG; 0%; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/22/2021; 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; 80; neck index; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/22/2021; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/22/2021; 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: ; optimal; 25% ;patient has little use of her right leg/ankle; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/23/2021; 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; 24%; NDI; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/23/2021; 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; 38%; NECK INDEX; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/26/2021; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/26/2021; 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; 32%; NDI; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/26/2021; 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: ; timed up and go; 70; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/27/2021; 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; Modified Falls Efficacy Scale; 30; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/28/2021; 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; ; foto; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/28/2021; 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; 78%; NECK PAIN INDEX; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/28/2021; 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; Enter score here ; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/09/2021; Cervical fusion C5-C7 ACDF; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 14; NECK DISABILITY INDEX; 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 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/30/2021; 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; 22%; NECK DISABILITY INDEX; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/30/2021; 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; mahc risk assessment; 4; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/06/2021; surgery on digestive system; 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; TINETTI; 19; 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 Decline in independence with mobility (walking or wheelchair mobility); 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 Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05-26-2021; 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; 58; FOTO; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/03/2021; 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; 68%; Modified Oswestry Low Back Pain Disability; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/03/2021; 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; 80%; neck; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/03/2021; 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; 82.6%; NDI; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/03/2021; 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; ; 40/100; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/03/2021; 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; optimal instrument; 60%; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/03/2021; 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 type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/04/2021; 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; 62/100; NECK; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/15/2021; Anterior Cervical Discectomy Fusion for Decompression; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; Range Of Motion Test; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/05/2021; 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; 50/100; ; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/05/2021; 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: ; optimal instrument; 50%; 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: 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 type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/06/2021; 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; 44% functional; Optimal Instrument: 71 = 56% impairment; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/07/2021; 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; 40%; LEFS; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/07/2021; 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; 75%; Neck; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/07/2021; 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; ; 45/100; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/07/2021; 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; LEFS; 64; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/10/2021; 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; 42%; Neck index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/10/2021; 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; 50/100; ; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/10/2021; 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; LEFS; SCORE NOT ENTERED IN EVAL NOTES; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/10/2021; 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; ; Lefs; 69; 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: 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 type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/11/2021; 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; 24/50; NECK DISABILITY; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/11/2021; 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; 36/100; NECK DISABILITY INDEX QUESTIONNAIRE; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/11/2021; 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; 65%; Neck Disability Index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/11/2021; 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; 88% functional; Neck disability index; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/11/2021; 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; LEFS; 6.3; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/12/2021; 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; 24/50; Neck Index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/12/2021; 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; 36; Neck Weboutcome; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/12/2021; 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; 36.36/100; Upper Extremity Quick DASH; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/12/2021; 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; 36%; Neck Disability Index; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/12/2021; 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; 50%; Optimal Instruments; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/12/2021; 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; 64%; Neck Disability Index Questionnaire; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/13/2021; 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; 19 PERCENT; NECK DISABILITY INDEX; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/13/2021; 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; 26%; OSWESTRY; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/13/2021; 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; 44; optimal; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/13/2021; 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; 50; NDI; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/13/2021; 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; 54; Neck Disability index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/13/2021; 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; Enter score here Enter name of tool here 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/20/2021; Tibial plateau fracture and hematoma.; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request.; lower extremity functional scale; 15/80; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/14/2021; 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 type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/17/2021; 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; S8; NDI; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/17/2021; 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; 60.3%; NDI; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/17/2021; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/18/2021; 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; 42%; Neck Disability Index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/18/2021; 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; 50%; Neck Disability Index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/18/2021; 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; 57; Foto Outcomes; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/18/2021; 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; 66%; Neck disability index; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/13/2021; ILEOSTOMY; 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; TINETTI; 18; 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 Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/19/2021; 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; 25; Neck Index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/19/2021; 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; NA; NA; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/19/2021; 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; LEFS; 75% functional; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/20/2021; 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; 44%; Neck Disability Index; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/20/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/05/2021; right toes amputated; 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; PT evaluation; 50; 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 Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/24/2021; 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; 25%; optimal instrument; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/24/2021; 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; 56%; Neck Disability Index Questionnaire; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/24/2021; 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; 78%; Neck Disability Index Questionnaire; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/24/2021; 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: ; LEFS; 79; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/23/2021; Below knee amputation; 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; TINETTI; 1; 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 Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/25/2021; 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; 15; neck disability index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/25/2021; 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; 15%; massage and heat; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/25/2021; 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; 28%; NECK DISABILITY INDEX; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/25/2021; 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; 40% Functional; Neck Disability Index Questionnaire; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/25/2021; 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; 74%; Neck Disability Index Questionnaire; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/25/2021; 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; Tinetti Balance Scale; Balance Score: 7; Gait Score: 8; Total Score: 15; (0-18) High Risk; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/26/2021; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/26/2021; 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; 50/100; NECK PAIN INDEX; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/26/2021; 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: ; N/A; 32%; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/27/2021; 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; 10; WONG-BAKER FACES PAIN RATING SCALE; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/27/2021; 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; 11; NECK DISABILITY INDEX; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/27/2021; 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; 55; NONE; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/27/2021; 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; 64%; NECK DISABILITY INDEX; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/27/2021; 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: ; FOTO; 61; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/27/2021; 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: ; LEFS; 50%; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021





4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06-02-2021; 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; n/a; None; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/01/2021; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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; 06/01/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are moderate; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/28/2021; orthopedic - left genu varus correction surgery; 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; Tinetti; 8; 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 Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/02/2021; 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; Enter name of tool here Enter score here 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/02/2021; 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: ; Goniometer 0-130; 0-130; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/03/2021; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/03/2021; 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; 65%; Neck Disability Index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/07/2021; 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; 32; NECK DISABILITY INDEX; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/08/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/06/2021; Surgery to the right lower extremity on 03/06/2021; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEFS; 17; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/10/2021; R femur fracture OPEN, with Intermedullary nail; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; LEFS; 13; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/09/2021; 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; 6%; NDI; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/09/2021; 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; 8%; Neck Disability Index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/09/2021; 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; 54/100; NECK DISABILITY INDEX QUESTIONNAIRE; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/09/2021; 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 type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Severe objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/10/2021; 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; 26/48; Neck pain questionnaire; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/10/2021; 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; 38%; neck index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/10/2021; 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; 43; FOTO; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/10/2021; 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; 52%; Neck Disability Index Questionnaire; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/10/2021; 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; 70%; Neck Disability Index Questionnaire; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/10/2021; 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; 70%; PSFS; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/10/2021; 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; 82% functional; Neck pain index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/10/2021; 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; Approximately 50% functional; AROM right side bend, right rotation limited by 25% secondary to muscle spasm in the cervical paraspinals to include levada scapula, sternocleidomastoid and cervical paraspinals. AROM left side bend, left rotation limited by 30-35% secondary to paraspinal ; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/10/2021; 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: ; great river medical center rehab function and pain questionnaire; 20 functional; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/10/2021; 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: ; LEFS; 0; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/10/2021; 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; ; Optimal Instrument; 50%; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/11/2021; 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; 45%; FOTO Neck; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/11/2021; 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 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/14/2021; 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; 42%; neck; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/14/2021; 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; 52%; Neck Disability Index Questionnaire; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/14/2021; 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; 60% Functional; FOTO Neck Impairment Assessment; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/14/2021; 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; 62% functional; NECK DISABILITY INDEX; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/14/2021; 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; 72%; Neck Disability Index Questionnaire; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/14/2021; 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; SCORE NOT DOCUMENTED IN EVAL NOTES; NECK DISABILITY INDEX; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/14/2021; 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: ; unknown; unknown; 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: 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 type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/15/2021; 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; 67.7%; NDI; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/15/2021; 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; 72%; NECK; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/15/2021; 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; abc; 46%; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/15/2021; 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; FUNCTIONAL (PT);TRANSFERS (PT);SIT TO STAND;STATUS: CONTACT GUARD ASSIST;STG: STANDBY ASSIST/SUPERVISION;TARGET DATE: 07/06/2021;GOAL MET: N;COMMENTS: ;;LTG: INDEPENDENT;TARGET DATE: 07/30/2021;GOAL MET: ; FUNCTIONAL (PT);TRANSFERS (PT);SIT TO STAND;STATUS: CONTACT GUARD ASSIST;STG: STANDBY ASSIST/SUPERVISION;TARGET DATE: 07/06/2021;GOAL MET: N;COMMENTS: ;;LTG: INDEPENDENT;TARGET DATE: 07/30/2021;GOAL MET: ; The patient was previously independent with mobility and now requires human assistance and/or an	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/16/2021; 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; 14; ND; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/16/2021; 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; 58%; Neck; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/16/2021; 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; Enter score here Enter name of tool here 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/16/2021; 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; FUNCTIONAL (PT);BALANCE (PT);TINETTI;STATUS: 13;STG: 16;TARGET DATE: 07/16/2021;GOAL MET: N;COMMENTS: ;;LTG: 22;TARGET DATE: 08/13/2021;GOAL MET: N;COMMENTS: ;;CARRYOVER: ;GAIT (PT);LEVEL; FUNCTIONAL (PT);BALANCE (PT);TINETTI;STATUS: 13;STG: 16;TARGET DATE: 07/16/2021;GOAL MET: N;COMMENTS: ;;LTG: 22;TARGET DATE: 08/13/2021;GOAL MET: N;COMMENTS: ;;CARRYOVER: ;GAIT (PT);LEVEL; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/16/2021; 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; ; Foot and Ankle Ability measure; 0; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/17/2021; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/17/2021; 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; in house tool; Mobility 40%; Changing body positions 60%; Carrying moving objects 25%; Self Care 65%; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/17/2021; 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; tug; 20 seconds; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/17/2021; 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; LEFS; 28%; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/30/2020; CERVICAL FUSION C4-C7; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 12; NECK DISABILITY INDEX; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/18/2021; 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; 28; NECK DISABILITY INDEX; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/21/2021; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/21/2021; 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; 15/50; Neck Disability; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/21/2021; 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; 28%; NDI; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/21/2021; 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; 48/100; NECK PAIN INDEX; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/21/2021; 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; Changing body positions 60%;Carrying and moving objects 45%;Self Care 75%; in house evaluation; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/21/2021; 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 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/22/2021; 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; 44% functional; Neck Pain Index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/22/2021; 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; 30 sec sit to stand; 0; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/02/2021; ACD F C5-C6; Post-Op; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; Neck Disability Index Questionnaire; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/23/2021; 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; 36; NDI; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/23/2021; 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; 40%; NECK; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/23/2021; 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; N/A; NONE; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/23/2021; 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; NDI=4845%; ndi; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/23/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/01/2021; OPEN REDUCTION AND INTERNAL FIXATION OF A LEFT MID SHAFT OF FEMUR; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request ; TINETTI; UNKNOWN; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/07/2021; Open reduction internal fixation, right clavicle; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/24/2021; 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; 66%; Neck Disability Index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/25/2021; 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; 50%; optimal tool; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/25/2021; 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; tug assessment 64 sec mahc 10 score 6 at risk for falling; na; 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 Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/28/2021; 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; 7 out of 50; Neck Disability Index; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/28/2021; 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; 34; Neck disability index; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/28/2021; 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; 46% disability; NDI; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/28/2021; 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; 47% npi; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/28/2021; 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; 60% functional; Neck Pain Index; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/28/2021; 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; N/A; PHYSICAL THERAPY EVALUATION; THERAPEUTIC EXERCISE; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/29/2021; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/29/2021; 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; 30%; Neck disability index; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/29/2021; 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; 44/50; Functional Limitations; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/29/2021; 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; 66%; Neck Disability Index; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/29/2021; 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: ; LEFS; 26%; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 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: ; LEFS; 44%; The anticipated number of visits is other than 2.; Owestry; 76%; 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 motion, strength, or ability to perform daily tasks best describes the patient presentation; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/02/2021; 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: ; Tinetti POMA;1/28 3.6 %;TUG ;unable due to restrictions;30 second chair stand test;0 times;6 MWT;NT unable due to functional limitations; 3.6 %; The anticipated number of visits is other than 2.; 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; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for first pass is	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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 moderate; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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;; 16%; NECK PAIN INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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;; 34; Neck Disability; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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;; 38%; LEFS; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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;; 45; FOTO; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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;; 55/100; FOTO; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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;; 70; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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;; 76%; Neck Disability Index; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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;; 80%; Neck Disability; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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;; NO SCORE DOCUMENTED IN NOTES; NECK DISABILITY INDEX; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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;; SCORE NOT ENTERED IN PROGRESS NOTE; NECK DISABILITY INDEX; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impariments 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; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Moderate objective and functional deficits best describes the patient presentation; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; LEFS; SCORE NOT DOCUMENTED IN EVAL NOTES; 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 presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; LESF; 4%; 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 as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; 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:	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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: ; optimal; 25% patient has wounds on leg that limit use of her leg/ankle. therapy is helping; 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 as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/23/2021; Right TSA with biceps tenodesis; 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; n/a; ; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/29/2021; No patient history in the past 90 days; Evaluation dates less 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; dash; 43.182; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/30/2021; No patient history in the past 90 days; Evaluation dates less 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; foto; 46; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/30/2021; No patient history in the past 90 days; Evaluation dates less 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; Quick Dash; 82%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/31/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 38.6; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/31/2021; No patient history in the past 90 days; Evaluation dates less 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; OWESTERY TEST; 18; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/12/2021; Right shoulder arthroscopy with rotator cuff repair using regeneten implant, biceps tenodesis, subacromial decompression, distal clavicle excision.; 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; Optimal; 12; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04-22-2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO; 44; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/01/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 78.3%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/01/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 13; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/16/2021; RIGHT SHOULDER ARTHROSCOPY WITH ANTERIOR LABRAL REPAIR; 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; QUICKDASH; 38; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/16/2021; rt. rotator cuff repair; 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; unknown; unknown; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/06/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 30%; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/06/2021; No patient history in the past 90 days; Evaluation dates less 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; Quick Dash; 30/100 on 06/03/2021; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/06/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICKDASH; 36%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/27/2021; Right Rotator Cuff; 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; Goniometer; 30; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/08/2021; Left shoulder replacement; 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; DASH; 28%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/16/2021; LEFT SHOULDER ARTHROSCOPY WITH EXTENSIVE DEBRIDEMENT INCLUDING DEBRIDEMENT OF PARTIAL-THICKNESS ROTATOR CUFF TEAR, ANTERIOR ACROMIOPLASTY, SUBTOTAL SUBACROMIAL AND SUBDELTOID BURSECTOMY 03/16/21.; 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; THE UPPER EXTREMITY FUNCTIONAL INDEX (UEFI); SCORE 13/80: 83.75% DISABILITY AND 16.25% FUNCTIONAL.; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/08/2021; No patient history in the past 90 days; Evaluation dates less 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/08/2021; No patient history in the past 90 days; Evaluation dates less 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; SPADI; 72%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/08/2021; No patient history in the past 90 days; Evaluation dates less 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; UEFS; 32; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/09/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 3.00; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/09/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 65.90%; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/12/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 41%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/12/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick DASH; 47.73/100; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2021; R SHOULDER ARTHROPLASTY; 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; UPPER EXTREMITY FUNCTIONAL INDEX(UEFI); 17; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/01/2020; PROCEDURE: Left shoulder removal of hook plate; 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; ; 50/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/13/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick DASH; 82 of 100; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/21/2021; RIGHT SHOULDER SCOPE; 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; SPADI; 7%; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/30/2021; interior scapular for bone spurs; 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; optimal instrument; 4; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/15/2021; Athro debreivment.; 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; Quick Gash; 65.45; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/19/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO; 49%; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/16/2021; ; 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; ; 50/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/20/2021; No patient history in the past 90 days; Evaluation dates less 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; quick dash; 44.0%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/20/2021; No patient history in the past 90 days; Evaluation dates less 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; SPADI; 88%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/20/2021; No patient history in the past 90 days; Evaluation dates less 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; upper extremity index; 0.5; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/22/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO; 57/100; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/23/2021; No patient history in the past 90 days; Evaluation dates less 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; SPADI; 71%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/26/2021; No patient history in the past 90 days; Evaluation dates less 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/26/2021; No patient history in the past 90 days; Evaluation dates less 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; Neck Disability Index; 82%; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/27/2021; No patient history in the past 90 days; Evaluation dates less 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; UPPER EXTREMITY QUICKDASH; 50%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/22/2021; Arthroscopy of shoulder; 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; Upper extremity functional index; 57; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/28/2021; No patient history in the past 90 days; Evaluation dates less 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/28/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 61; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/28/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 59%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/27/2021; S/P arthroscopic shoulder surgery to clean out his joint; 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; optimal instrument; 25%; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/30/2021; No patient history in the past 90 days; Evaluation dates less 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; SPADI; 66%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/03/2021; No patient history in the past 90 days; Evaluation dates less 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/03/2021; No patient history in the past 90 days; Evaluation dates less 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; Enter name of tool here 2; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/03/2021; No patient history in the past 90 days; Evaluation dates less 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; Quick dash; 3%; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/03/2021; No patient history in the past 90 days; Evaluation dates less 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; Quick Dash; 75; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/03/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick Dash; 70.45; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/08/2021; open reduction and internal fixation of displaced mid shaft clavicle fracture, left; 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; SPADI; 45% functional; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/04/2021; No patient history in the past 90 days; Evaluation dates less 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; SPADI; 94%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/23/2021; shoulder scope SAD; 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; DASH; 68; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/05/2021; No patient history in the past 90 days; Evaluation dates less 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; ; 50/100; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/06/2021; No patient history in the past 90 days; Evaluation dates less 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/06/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 67% FUNCTIONAL DEFICIT; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/06/2021; No patient history in the past 90 days; Evaluation dates less 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; SPADI; 12%; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/07/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick Dash; 53%; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/28/2021; Shoulder Arthroscopy; 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; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/10/2021; No patient history in the past 90 days; Evaluation dates less 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; Optimal; 9; 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 moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/30/2021; 1. RIGHT SHOULDER ARTHROSCOPIC ROTATOR CUFF REPAIR;2. RIGHT SHOULDER ARTHROSCOPIC DISTAL CLAVICLE EXCISION, 1 CM EXCISED;3. RIGHT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION; 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; SPADI; 96%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/03/2021; Reverse Total Shoulder Replacement; 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; UEFI; 3/80; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/11/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 61%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/11/2021; No patient history in the past 90 days; Evaluation dates less 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; quick dash; 29.55; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/12/2021; No patient history in the past 90 days; Evaluation dates less 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/12/2021; No patient history in the past 90 days; Evaluation dates less 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; Dash; 36%; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/13/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 73%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/29/2021; RIGHT SHOULDER ROTATOR CUFF REPAIR, ARTHROSCOPY - General;;RIGHT SHOULDER SUBACROMIAL DECOMPRESSION ARTHROSCOPIC - General; 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; QUICKDASH; 82%; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/14/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICKDASH; 77; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/13/2021; 1.Right shoulder arthroscopic distal clavicle resection.;2.Biceps tenotomy.;3.Subacromial decompression.; 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; ; 50/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/17/2021; No patient history in the past 90 days; Evaluation dates less 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/17/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICKDASH; NO SCORE ENTERED IN EVAL NOTES; 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 moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/17/2021; No patient history in the past 90 days; Evaluation dates less 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; ROM; 75; 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 moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/26/2021; ROTATOR CUFF REPAIR; 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; FOTO; 36/100; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/14/2021; reverse total shoulder; 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; dash; unknown; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/14/2021; shoulder surgery; 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; dis; 99%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/18/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 72; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/18/2021; No patient history in the past 90 days; Evaluation dates less 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; Shoulder Initial Evaluation; 41; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/19/2021; No patient history in the past 90 days; Evaluation dates less 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; in house eval; Changing body positions 65%;Carrying and Moving objects 15%;Self care 55%; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/19/2021; No patient history in the past 90 days; Evaluation dates less 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; optimal tool; not available; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/19/2021; No patient history in the past 90 days; Evaluation dates less 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; UEFS; 51; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/20/2021; No patient history in the past 90 days; Evaluation dates less 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/20/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick DASH; 41%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/19/2021; left shoulder arthroscopy; 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; Quick Dash; 72.72%; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/24/2021; No patient history in the past 90 days; Evaluation dates less 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/24/2021; No patient history in the past 90 days; Evaluation dates less 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; Dash; 15%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/24/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO; 40; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/24/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick Dash; 52.27; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/25/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 18%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/25/2021; No patient history in the past 90 days; Evaluation dates less 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; Opt interment; 50%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/25/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 52%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/25/2021; No patient history in the past 90 days; Evaluation dates less 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; UPPER EXTREMITY QUICK DASH; 45.45; 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 moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/26/2021; No patient history in the past 90 days; Evaluation dates less 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; quickdash survey; 68% functional; 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 moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/18/2021; rgt rc repair and bicep tenodesis; 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; unknown; unknown; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/19/2021; Shoulder surgery; 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; unknown; unknown; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/24/2021; Right shoulder rotator cuff tear, biceps tear, labral tear, and impingement; status post right shoulder arthroscopic debridement of the rotator cuff, biceps, labrum, and subacromial bursa and open rotator cuff repair.; 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; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/27/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 75%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/27/2021; No patient history in the past 90 days; Evaluation dates less 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; SPADI; 15%; 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 moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/28/2021; No patient history in the past 90 days; Evaluation dates less 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; foto; 50; 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 moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/28/2021; No patient history in the past 90 days; Evaluation dates less 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; UEFI; 4/80; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/26/2021; Right shoulder orthoscopy with rotor cuff repair.; 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; Right rehab function and pain questionnaire.; 3%; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06-14-2021; No patient history in the past 90 days; Evaluation dates less 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; upper extremity functional test; 40 % functional ;60% disabled; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06-23-2021; No patient history in the past 90 days; Evaluation dates less 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; upper extremity functional test; 70% disability;30% functional; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/01/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 43.3%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/01/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO; 10; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/19/2021; Rotator cuff repair; 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; None; None; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/02/2021; No patient history in the past 90 days; Evaluation dates less 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/02/2021; No patient history in the past 90 days; Evaluation dates less 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; ; 50/100; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/02/2021; No patient history in the past 90 days; Evaluation dates less 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; Optimal Instrument; 50%; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/03/2021; No patient history in the past 90 days; Evaluation dates less 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/03/2021; No patient history in the past 90 days; Evaluation dates less 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; SPD; 80.8%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/03/2021; No patient history in the past 90 days; Evaluation dates less 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; upper extremity; S7; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/21/2021; Left shoulder manipulation under anesthesia with arthroscopic subacromial decompression and debridement of degenerative biceps; 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; Quick DASH; 50%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/04/2021; No patient history in the past 90 days; Evaluation dates less 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; UEFI - UPPER EXTREMITY FUNCTIONAL INDEX; 50/80 - 37.5%; 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 moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/01/2021; shoulder arthroscopy w rotator cuff repair; 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; oswestry pain rating & upper extremity functional; unknown; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/07/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 20%; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/07/2021; No patient history in the past 90 days; Evaluation dates less 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; Foto; 50; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/07/2021; No patient history in the past 90 days; Evaluation dates less 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; HAWKINS-KENNEDY IMPINGEMENT TEST; 50%; 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 moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/07/2021; No patient history in the past 90 days; Evaluation dates less 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; SPADI; 62%; 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 moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/07/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick DASH; 50; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/07/2021; No patient history in the past 90 days; Evaluation dates less 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; UPPER EXTREMITY; 49; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/11/2021; Right rotator cuff repair; 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; DASH; 70%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/09/2021; No patient history in the past 90 days; Evaluation dates less 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/09/2021; No patient history in the past 90 days; Evaluation dates less 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; ; 51/100; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/09/2021; No patient history in the past 90 days; Evaluation dates less 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; Goniometer; 30%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/09/2021; No patient history in the past 90 days; Evaluation dates less 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; UEFT; 25%; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/12/2021; RT SHOULDER ARTHROSCOPY; 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; FOTO; 36; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/14/2021; SHOULDER SURGERY; 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; SHOULDER PAIN AND DISABILITY INDEX; 130/130; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/01/2021; Right Rotator Cuff Repair; 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; Quick Dash; 95%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/10/2021; No patient history in the past 90 days; Evaluation dates less 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/10/2021; No patient history in the past 90 days; Evaluation dates less 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/10/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 6; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/10/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 50; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/10/2021; No patient history in the past 90 days; Evaluation dates less 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; SPADI; 72%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/10/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper extremity Functional Index; 88%; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/11/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; ; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/11/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICKDASH; SCORE NOT DOCUMENTED IN EVAL NOTES; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/11/2021; No patient history in the past 90 days; Evaluation dates less 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; Shoulder Pain and Disability Index; 2% functional; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/11/2021; No patient history in the past 90 days; Evaluation dates less 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; UEFS; 32; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/03/2021; Rotator cuff repair; 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; Unknown; 14; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/14/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 75%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/14/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO; 50%; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/15/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO; 72; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/15/2021; No patient history in the past 90 days; Evaluation dates less 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; in house tool; Changing positions 65%; Carrying and moving objects 10%; Self-Care 45%; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/15/2021; No patient history in the past 90 days; Evaluation dates less 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; THE UPPER EXTREMITY FUNCTIONAL INDEX (UEFI); 33% FUNCTIONAL AND 67% DISABILITY; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/16/2021; No patient history in the past 90 days; Evaluation dates less 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/16/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 50%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/16/2021; No patient history in the past 90 days; Evaluation dates less 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; QuickDASH; 57; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/16/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper Extremity Quick DASH; 48%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/18/2021; Rt CC ligament reconstruction; 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; Spadi; 76%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/17/2021; No patient history in the past 90 days; Evaluation dates less 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/17/2021; No patient history in the past 90 days; Evaluation dates less 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; quick dash; 50%; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/18/2021; No patient history in the past 90 days; Evaluation dates less 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; SPADI; 55% functional; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/15/2021; Right Total Shoulder replacement; 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; mahc 10 fall risk assessment; 6; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/21/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH- Disability of Arm Shoulder Hand; 39%; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/21/2021; No patient history in the past 90 days; Evaluation dates less 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; functional quick dash; 77; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/21/2021; No patient history in the past 90 days; Evaluation dates less 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; Mississippi County Health Systems Self-Rated Disability Index; 66% functional; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/21/2021; No patient history in the past 90 days; Evaluation dates less 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; SPADI; 103; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/21/2021; No patient history in the past 90 days; Evaluation dates less 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; unknown; unknown; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/22/2021; No patient history in the past 90 days; Evaluation dates less 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/22/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 32; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/22/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 58; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/22/2021; No patient history in the past 90 days; Evaluation dates less 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; extremity quick dash; ; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/22/2021; No patient history in the past 90 days; Evaluation dates less 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; Foto; 49; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/22/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 60; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/10/2021; R SHOULDER SCOPE; 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; UPPER EXTREMITY QUICK DASH; 23/100; Post-Op; 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: minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/15/2021; Right shoulder rotator cuff repair; 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; UEFI; 1%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/23/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 30/100; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/23/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 65.9; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/23/2021; No patient history in the past 90 days; Evaluation dates less 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; foto; ; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/23/2021; No patient history in the past 90 days; Evaluation dates less 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; giometer; 0-130; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/12/2021; shoulder surgery; 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; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/21/2021; LEFT SHOULDER SUBACROMIAL DECOMPRESSION WITH DISTAL CLAVICLE RESECTION; 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; QUICKDASH; 6.8%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/24/2021; No patient history in the past 90 days; Evaluation dates less 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; QuickDash; 24; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/28/2021; No patient history in the past 90 days; Evaluation dates less 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; CLINICAL OBSERVATION; 60%; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/28/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICKDASH; 15%; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/01/2021; Right Rotatory Cuff Repair; 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; Quick Dash; 75%; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/24/2021; Labral repair.; 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; FOTO; S9; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/01/2021; 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.; UPPER BACK INDEX; 47%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/05/2021; 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.; optimal; 60%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/05/2021; 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.; UPPER BACK INDEX; 49%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

				<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/07/2021; 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.; Optimal Instrument; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	<p>1 2021</p>	<p>Apr-Jun 2021</p>
<p>4/1/2021 - 6/30/2021 4/1/2021</p>	<p>Physical Medicine</p>	<p>Approval</p>		<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/13/2021; 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.; Oswestry; 24/50; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	<p>1 2021</p>	<p>Apr-Jun 2021</p>

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/14/2021; 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.; optimal instrument; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/15/2021; 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.; ; 50/100; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/21/2021; 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.; Oswstry; 58% severe impairment; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/28/2021; 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.; oswestry; 75; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/04/2021; 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.; Low Back; 18; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/07/2021; 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.; Optimal Instrument; 60%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/07/2021; 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.; Oswestry; 52%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/10/2021; 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.; BACK INDEX; 40%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/19/2021; 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.; FOTO;; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/27/2021; 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.; Optimal; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/27/2021; 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.; pain scale; 10 at worst; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/03/2021; 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.; Lower Extremity Functional Scale; 1.00; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/04/2021; 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.; OSWESTRY; 14; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/07/2021; 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.; oswestry back; 50; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/11/2021; 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.; optimal instrument; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/14/2021; 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.; ; 50/100; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/16/2021; 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.; Modified Low Back Pain Disability Questionnaire; 22%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/16/2021; 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.; Oswestry; 64%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/24/2021; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/28/2021; 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.; Modified Low Back Pain Disability Questionnaire; 20%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/28/2021; 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.; Modified Oswestry Low Back Pain; 46%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/29/2021; 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.; Thoracic Spine Questionnaire; 24% functional; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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.; BACK INDEX; 42% FUNCTIONAL DISABILITY; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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.; Lower extremity function scale; 80%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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.; NECK DISABILITY INDEX; 32%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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.; Neck Disability Index; 36%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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.; optimal outcome tool; not available; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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.; optimal; 75; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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.; Oswestry; 12; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 03/03/2021; 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; adi; 70; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 04/02/2021; 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; Quick Dash; Page 1 : 20.45%;;Page 2 Work Module: 56.25%;;Page 2 Sports/performing: 62.05%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 04/13/2021; 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; FOTO; 24%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 04/19/2021; 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; unknown; unknown; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 04/19/2021; 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; UPPER EXTREMITY FUNCTIONAL; 53.75%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/24/2021; 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; unknown; unknown; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/10/2021; 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; NONE; NONE; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/14/2021; 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; Upper extremity; 25; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/15/2021; 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; N/A; 36%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/19/2021; Closed reduction of right wrist; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; not done; n/a; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema., Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; Enter name of tool here Enter score here 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 04/14/2021; 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; mahc; 6; 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.; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request:	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Physical Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Requestor is a fax; Physical Therapy; Magellan does not manage chiropractic for the member's plan	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/30/2021; OPEN REDUCTION INTERNAL FIXATION OF LEFT FEMUR; Post-Op; 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; LEFS; 28.4%; The anticipated number of visits is other than 2.; LEFS; 28.4%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2021; femur open surgery fracture; 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; brandon ridge; 19; The anticipated number of visits is other than 2.; brandon; 19; The anticipated number of visits is other than 2.; Post-Op; 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 hip is being treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body 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; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/16/2021; Closed displaced fracture of lateral condyle of right tibia without routine healing; Post-Op; 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: ; optimal; 50; The anticipated number of visits is other than 2.; Three or more visits anticipated; optimal; 50; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/02/2021; Right total knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 30; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/31/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/28/2021; Knee replacement open; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; MEHCT10 Fall Risk; 50; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2021; Right Total Knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; KOOS; 36%; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/26/2021; ACL with meniscus repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 15% functional; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2021; LFT TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; ROM; unknown; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/02/2021; LEFT TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 42 OUT OF 100; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/06/2021; Left Knee Arthroplasty; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; TUG test; 50%; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/30/2021; tibial tuberosity; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; left; 15; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/16/2021; Revision of ACL reconstruction; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 22; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/27/1972; ACL allograft; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 3 of 80; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/28/2021; R total knee arthroplasty; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 8.75%; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/29/2021; Right TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Foto; 34; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/06/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/29/2021; Total knee replacement (Right); Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Optimal; 11; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/20/2020; LEFT AKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 39; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/10/2021; L TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 5%; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/22/2021; left knee acl reconstruction; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; kos; 68; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/21/2021; BELOW THE KNEE COTLITEAL ARTERY BYPASS AND EXTERNAL FIXATION; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; NA; NA; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/17/2021; Right Total Knee Replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; optimal tool; not available; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/28/2021; Broken femur repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 45%; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/20/2021; TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 28; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p>	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12-31-2020; fx tib/fib which required; hardware placement; fel inart ortho impart/prosth/hone plt; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS 18/80; 18/80; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/17/2021; R TRANSTIBIAL OSTEOTOMY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 22/80; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/04/2021; Total knee, right; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; s/p TKA right knee performed on 6/4/21. Active flexion 82 Degrees. Active extension -14 degrees. Passive flexion/extension 88/-9. Strength thru the range 3-/5. Pain at end range both flexion and extension 6-7/10. Pain at rest is 4-5/10. Ambulatory with wa; She exhibits 65% deficits with ambulation, ADL, strength and ROM.; 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; 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 Extremity/Hip selected as the body</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/08/2021; right tka; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; unknown; unknown; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/09/2021; Left ACL reconstruction; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 0%; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/08/2021; Right total knee arthroplasty.; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request.; Three or more visits anticipated.; 50/100; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/16/2021; Right Total Knee Arthroplasty; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request.; Three or more visits anticipated; Lower Extremity Function Scale; 50%; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/04/2021; OATS PROCEDURE OF THE LEFT MEDIAL FEMORAL CONDYLE; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 30/80; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/22/2021; MCL and ACL Repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Functional Scale; 1/80; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/15/2021; TAKE DOWN NON UNION R TIBIAL; Post-Op; 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: ; Enter name of tool here Enter score here Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; None of the above best describes the patient presentation;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/27/2021; femur fracture; 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; Tinetti; 1; The anticipated number of visits is other than 2.; tinetti; 1; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits:</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	complete; Perform Body Part selection; Perform Body 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; 06/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/11/2021; femur fracture; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; mahc 10 fall risk assessment; 6; The anticipated number of visits is other than 2.; Post-Op; 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; 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; Fracture was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Fracture; Physical Therapy;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; First Pass; Body Part for first pass is Knee; 04/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/09/2020; RIGHT KNEE MEDIAL RETINACULAR REPAIR; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Knee (Right); Function Impaired; Motion PROM (degrees) AROM (degrees); Flexion 90 85; Extension ool here ;patient April 2019 R TKA 1st surgery, had several cleanout surgeries, then again replaced 3/31; by Dr. Byrd. patient transferring into and out of be; Enter Knee (Right); Function Impaired; Motion PROM (degrees) AROM (degrees); Flexion 90 85; Extension Oscore here; Post-Op; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; First Pass; Body Part for first pass is Knee; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/20/2021; LTKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; WOMAC; 71%; Post-Op; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/25/2021; torn acl right knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; IefS; 6.25; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/05/2021; ACL repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 83; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/30/2021; knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; tinetti assessment; 13; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2021; left total knee revision; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Gait Analysis; 4; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/05/2021; TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; BERG; 42; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/07/2021; RT Knee Scope; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; ; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/07/2021; S/P LEFT KNEE ASX PMM, CHONDROPLASTY PATELLA, POSSIBLE ACL RECON WITH BPTBA 04/07/2021.; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE (LEFS); 17.5% FUNCTIONAL AND 82.5% DISABILITY.; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/08/2021; TKA; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 9; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/19/2021; RIGHT KNEE ANTERIOR CRUCIATE LIGAMENT REPAIR ARTHROSCOPIC W/ PATELLA TENDON AUTOGRAFT; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lefs; 26; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/27/2021; RIGHT KNEE ARTHROSCOPY WITH MEDIAL MENISCECTOMY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; OPTIMAL INSTRUMENT; 25%; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/28/2021; S/P Right Knee Arthroscopy with partial Medial and Lateral Meniscectomy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; KOS; 59; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/28/2021; acl repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; evaluation; ROM LEFT KNEE PROM- 60 DEGREES ;;LEFT KNEE MMT GRADE 2 (POOR); 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/30/2021; meniscus debridement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; LEFS; 15; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/16/2021; Arthroscopic right knee partial medial meniscectomy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 80%; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/26/2021; Total knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; MAHC 10 Fall Risk Assessment; 14; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/03/2021; total knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Enter name of tool here Enter score here 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/03/2021; LT Knee ACL, Lateral Meniscus repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; ; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/21/2021; ; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; ; 50/100; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/29/2021; right meniscus repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lower Extremity Functional Scale; 11.25%; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/10/2021; I knee mmt gr III pat;I knee scope med men chond pat; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; Lysholm; 59%; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/11/2021; RIGHT KNEE SCOPE MENISECTOMY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; FOTO; 11%; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/05/2021; LT Knee OATS; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; ; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/03/2021; LEFT KNEE PCL REVISION, MEDIAL MENISCUS REPAIR; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; SCORE NOT ENTERED IN EVAL NOTES; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/17/2021; Total Knee Arthroplasty, Left; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 7% functional; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/18/2021; knee scope; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; its just therapy; unknown; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/27/2021; PROCEDURE PERFORMED: Left knee arthroscopy, partial lateral meniscectomy, resection of plica.; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; ; 50/100; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/05/2021; RIGHT TOTAL KNEE ARTHROPLASTY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 38/100; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/19/2021; knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; MAHC 10 Assessment; 7; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/18/2021; Partial .medial meniscectomy.; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; KOOS JR; 42.281; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/20/2021; R TOTAL KNEE ARTHROSCOPY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; NONE; NONE; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/21/2021; ACL reconstruction; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The Lower Extremity Functional Scale; 74%; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/19/2021; Left ACL reconstruction.; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower Extremity Functional Scale; 8.0; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/27/2021; amputation of left leg below knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; pt evaluation; 50; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/27/2021; left total knee arthroplasty; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Tinetti; 12; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema., Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/17/2021; ; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS survey; 80% functional; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/11/2021; Left knee scope with medical patellofemoral ligament; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; optimal outcome instrument; 100%; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/19/2021; KNEE MEDIAL PATELLOFEMORAL LIGAMENT - RECONSTRUCTION; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; ; 50/100; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/03/2021; S/P Left knee arthroscopy with a medial patellofemoral ligament reconstruction with a hamstring autograft; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFT; 17%; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/24/2021; Diagnostic arthroscopy left knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; WOMAC; 50; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/09/2021; LEFT KNEE ARTHROSCOPY; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LOWER EXTREMITY FUNCTIONAL SCALE; 86.25%; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/03/2021; Total knee replacement right knee.; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non applicable; non applicable; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/16/2021; ARTIFICIAL KNEE JOINT; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 14/100; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/14/2021; Right knee scope to repair meniscus; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Lower extremity function scale; 49/80; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/16/2021; TOTAL KNEE REPLACEMENT; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/21/2021; Total knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Tinetti; 15; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/23/2021; Right knee arthroscopy with anterior lateral meniscus meniscectomy and anterior synovectomy.; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; ; 50/100; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/06/2021; arthroscope; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 14/80; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/14/2021; ACL reconstruction with medical meniscectomy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 13; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/25/2021; Left knee arthroscopy; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lower extremity; 31; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/24/2021; 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; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Hand request: ; LEFS; 57; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; DASH; 22; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; 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</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body 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; 04/08/2021; 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; Knee selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; LEFI; 16/80; The anticipated number of visits is other than 2.; Three or more visits anticipated; LEFI; 16/80; The anticipated number of visits is other than 2.; Non-Surgical; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body 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; 06/18/2021; 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: ; Foot and Ankle Ability Measure; 60%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; Foot and Ankle Ability Measure; 60%; The patient was NOT previously independent with mobility and</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; First Pass; Body Part for first pass is not in options listed; 05/26/2021; 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: ; LEF; 65%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/31/2021; 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: ; LOWER EXTREMITY FUNCTIONAL SCALE; 32 OF 80; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/07/2021; 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: ; Enter name of tool here Enter score here 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/08/2021; 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: ; ; 50/100; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/12/2021; 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 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/09/2021; MORTON NEUROMA EXCISION;TENDON REPLACEMENT;NERVE TRANSPOSITION; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFI; 33/50; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/20/2021; left lapidus arthrodesis; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; lower extremity functional index; 30% functional; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/22/2021; 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: ; Lower Extremity Functional Scale; 88.75; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/30/2021; 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: ; Lower Extremity Functional Scale; 70%; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/03/2021; 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: ; LEFS; 40%; 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: 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 selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/04/2021; 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: ; FOTO; ; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/04/2021; 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: ; LEFS; 43; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/04/2021; 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: ; Optimal Instrument; 0%; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/12/2021; HAMMERTOE CORRECTION; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LOWER EXTREMITY SCALE; 45% FUNCTIONAL; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/14/2021; 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: ; Lower Extremity Functional Scale; 39%; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/19/2021; 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: ; LEFS; 40%; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/20/2021; 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/21/2021; 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: ; lower extremity functional scale; 22/80; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/24/2021; 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/24/2021; 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 LOWER EXTREMITY FUNCTIONAL SCALE; 26% FUNCTIONAL; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/25/2021; 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: ; FAAM; 80%; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/27/2021; 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: ; Lower Extremity Functional Scale; 50%; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/28/2021; 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: ; FOTO; 30; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/28/2021; 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: ; tenetti; 12/28; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/01/2021; 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: ; LEFS; 50%; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/02/2021; 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: ; FOTO; 36; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/02/2021; 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: ; LEFS; 8; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/08/2021; 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: ; foto; 51; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/08/2021; 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: ; foto; 75; 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: 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 selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/14/2021; 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: ; optimal instrument; 0%; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/16/2021; 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: ; LEFS; 67; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/17/2021; 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: ; Foto 49; 49; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/23/2021; 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 objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 03/10/2021; 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: ; Lower extremity functional scale; Lower extremity functional scale; 22 out of 80; 22 out of 80; 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; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/12/2021; 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: ; Enter name of tool here Enter name of tool here Enter score here Enter score here 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; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/07/2021; UNKNOWN; Pre-Op; Enter score here Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical Therapy; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/30/2021; No patient history 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: ; LEFS Function Scale; 3.75; The anticipated number of visits is other than 2.; Three or more visits anticipated; LEFS Function Scale; 3.75; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The hip is being treated.;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/24/2021; 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: ; optimal instrument; 25%; The anticipated number of visits is other than 2.; Three or more visits anticipated; optimal instrument; 25%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/29/2021; 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 Lower Extremity Functional Scale; 91.25%; The anticipated number of visits is other than 2.; Three or more visits anticipated; The Lower Extremity Functional Scale; 91.25%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body 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; 05/10/2021; 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 visits is other than 2.; 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; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body 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; 04/05/2021; 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; Knee selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Questions about your Knee request; ; Foot and ankle disability index.; 30%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Bird balance scale.; Unknown; The anticipated number of visits is other than 2.; Non-Surgical; 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; 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; Moderate objective</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body 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; 05/10/2021; 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; Knee selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Questions about your Knee request: ; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; ; ; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body 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; 04/12/2021; 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: ; lefs; 34; The anticipated number of visits is other than 2.; Three or more visits anticipated; none; 44; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body 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; 05/05/2021; 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: ; LEFS; 52; The anticipated number of visits is other than 2.; Three or more visits anticipated; Low Back; 6; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body 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; 02/04/2021; 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: ; Lower extremity functional scale.; 87.5%; The anticipated number of visits is other than 2.; Lower extremity functional scale.; 87.5%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body 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; 05/12/2021; 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: ; range of motion; 37%; The anticipated number of visits is other than 2.; Enter name of tool here 35%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body 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: ; Tinetti; 50%; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; 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; The requesting provider is other than Physical Therapy or Occupational Therapy; Tinetti; 50%; 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.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>passes complete; Perform Body Part selection; Perform Body 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; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; LEFS; 42.5%; The anticipated number of visits is other than 2.; LEFS; 42.5%; 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 motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; First Pass; Body Part for first pass is not in options listed; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/06/2021; (R) open Achilles Tendon Repair; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEF; 48%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Enter name of tool here Enter score here One Body Part selected; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/01/2021; 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: ; Ankle; 15; 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: 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/01/2021; 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: ; Lower Extremity Functional Scale; 47%; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/11/2021; ankle orif; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; function pain; 27; 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: 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/07/2021; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/08/2021; 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: ; LEFS; 45; 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: 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/16/2021; 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: ; Lower extremity functional scale; 81%; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/19/2021; 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: ; Lefs; 40; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/22/2021; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/15/2020; LEFT ANKLE ARTHROSCOPY WITH EXCISION OF OS TRIGONUM; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 45%; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/29/2021; 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: ; LEFS; 71; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/23/2021; Right insertional achilles debridement/secondary repair; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Foto; 30; 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: 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/11/2021; 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: ; optimal instrument; 25%; 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: 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03-25-2021; Open reduction and internal fixation of displaced trimalleolar ankle fracture; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 65% functional; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/14/2021; 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: ; fadi; 64; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/14/2021; 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: ; LOWER EXTREMITY FUNCTIONAL SCALE; 50%; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/17/2021; 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; ; McGill Pain Questionnaire; 71%; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/17/2021; 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; ; Optimal Instrument; 50%; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/19/2021; 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: ; FOTO; 52/100; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/19/2021; 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: ; FOTO; 58; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/19/2021; ORIF of left ankle for Bimalleolar fracture; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Foto; 36; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/08/2021; Left ankle open reduction and internal fixation.;Removal of loose bodies from ankle joint.;Application of short-leg splint.; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; LEFS; 28%; 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: 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/27/2021; REPAIR OF LEFT ACHILLES TENDON RUPTURE; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 44%; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p>	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/01/2021; 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: ; FOTO; 73; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/01/2021; 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: ; LEFS; 41%; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2021; Left Lateral talar osteochondral lesion; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Optimal tool; 50%; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/02/2021; 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 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/02/2021; 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: ; LEFS; 39%; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/02/2021; 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: ; Optimal Outcome Tool; 9;standing 4;walking 5; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/08/2021; 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: ; Left; 54% functional; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/21/2021; ACHILLES TENDON REPAIR; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; 31%; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/20/2021; fracture repair; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; ADF; 10; 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/11/2021; 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; ; Foot and Ankle Ability Measure; 46.; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/14/2021; 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; ; INITIAL EVAL; ; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/14/2021; 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: ; les; 63%; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/21/2021; RIGHT ACHILLES TENDON REPAIR; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; LEFS; SCORE NOT ENTERED IN EVAL NOTES; 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: 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/15/2021; 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: ; foot and ankle ability measures; 30%; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/30/2021; Ankle Fracture Repair; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Optimal Outcome tool; 25%; 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: 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/18/2021; 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: ; LEFS; 66; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/21/2021; 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: ; FOTO; 70; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/21/2021; 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: ; LEFS; 45/80; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/21/2021; 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: ; LEFS; 56; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; 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</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/21/2021; 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: ; Lower Extremity Functional Scale; 71%; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/23/2021; 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 Lower Extremity Functional Scale; 59%; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/30/2021; 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: ; ; 50/100; 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: 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 28%; 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 46; 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; LEFS; 55; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; LEFS; 68% functional; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; LEFS; 86%; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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 Lower Extremity functional scale; 44/80; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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 Lower Extremity Functional Test; 50%; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/17/2021; 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: ; N/A; N/A; 40%; 40%; 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; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; LEFI; LEFI; 41/80; 41/80; 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: 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 clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's</p>	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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: ; LEFS; lower extremity function scale; 48; 48; 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: 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 clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 04/02/2021; 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: ; LEFS; LEFS; 65/80; 65/80; 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; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/14/2021; 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: ; LEFS; LEFS; 7/80; 7/80; 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; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	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	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/28/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/09/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/12/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	02/19/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/15/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/31/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/31/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/02/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/05/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/05/2021; 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; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/05/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/11/2021; ; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/05/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/06/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/07/2021; 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; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/07/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/09/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Barthel; 70; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; barthel; 80; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Occupational Therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/13/2021; 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; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/14/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/19/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/20/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/22/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/27/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/15/2021; 1. LEFT THUMB CMC ARTHROPLASTY; 2. TENDON TRANSFER LEFT WRIST, SINGLE TENDON APL TO FCR; 3. LEFT WRIST ONE BONE CARPECTOMY, TRAPEZIECTOMY; 4. LEFT DE QUERVAIN'S RELEASE; 5. RIGHT THUMB CMC INJECTION, MINOR JOINT; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/28/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/29/2021; 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; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/29/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/30/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/03/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/04/2021; 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; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Disabilities of the arm, shoulder, and Hand. Quick Dash; 57; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent injury to cause a change in function; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/04/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/06/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 04/22/2021; 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; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/11/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/12/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/12/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/13/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/14/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; NA; NA; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Occupational Therapy was requested	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/18/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; BOT-2;TCSP 2; Fine motor control - 3rd;Manual coordination - 2nd; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Patient is able to perform age-appropriate mobility/transfers but has other fine motor task deficits; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; The member is 1-9 years old.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/19/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/20/2021; 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; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/20/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/21/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/21/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/24/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/25/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/26/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	4 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/27/2021; R RADICAL MASTECTOMOY;L SIMPLE MASTECTOMY; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/12/2021; Lumpectomy of the breast; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	05/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/05/2021; RIGHT CUBITAL TUNNEL RELEASE; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06-28-2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 05/02/2021; 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; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/20/2021; LATERAL EPICONDYLITIS, RIGHT ELBOW; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/26/2021; left 4th MC head artic fx, left repair ext repair ring finger; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/02/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/03/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/04/2021; 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; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/25/2021; left carpal tunnel release, local/mac; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/07/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/08/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/08/2021; 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; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/09/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/25/2021; LEFT CUBITAL AND CARPAL TUNNEL RELEASE; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/28/2021; RIGHT CARPAL TUNNEL SURGERY; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/09/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/11/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/04/2021; ORIF LEFT RING AND SMALL FINGER PROXIMAL PHALANX.; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/15/2021; 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; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/15/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/16/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/09/2021; PERCUTANEOUS PINNING OF THE RIGHT FIFTH METACARPAL; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/17/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/18/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/19/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/21/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/21/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/26/2021; CRPP VS ORIF R 4TH & 5TH METACARPAL; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/19/2021; bilateral breast metsecomy; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/16/2021; RIGHT LF I&D WASHOUT; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; 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; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/24/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/25/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/25/2021; 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; Occupational Therapy; 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; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/25/2021; 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; Occupational Therapy; 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; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/25/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/28/2021; 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; Occupational Therapy; 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; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/28/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/29/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 05/28/2021; 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 Rehabilitative; QUICKDASH; 45.45; The anticipated number of visits is other than 2.; QUICKDASH; 45.45; 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; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate objective	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	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>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; 06/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/04/2021; Open reduction internal fixation left Humerus; ORIF comminuted fracture distal shaft left humerus; Post-Op; 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 Rehabilitative; optimal; 50; The anticipated number of visits is other than 2.; optimal; 50; Post-Op; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	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>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; 05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/20/2020; S/P RIGHT CUBITAL TUNNEL RELEASE; Post-Op; 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; QUICK DASH; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; QUICK DASH; 50; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	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>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: ; Optimal; 75; The anticipated number of visits is other than 2.; Optimal; 75; 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 motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	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>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; 04/06/2021; 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 other than 2.; The anticipated number of visits is other than 2.; ; ; ; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 05/13/2021; 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; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Hand request: ; THERAPEUTIC EXERCISE; N/A; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; THERAPEUTIC EXERCISE;MANUAL THERAPY; N/A; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 05/28/2021; 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 other than 2.; quickdash; 53%; QUICKDASH; 53%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 06/16/2021; 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 other than 2.; optimal; 75; optimal; 75; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 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: ; The anticipated number of visits is other than 2.; Optimal instrument; 65%; optimal; 65%; 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 motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body 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; 05/24/2021; 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.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body 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: ; NONE; NONE; NONE; NONE; 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: 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 05/25/2021; No patient 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 other than 2.; grip pinch and 9 hold peg; 10 lbs grip; Therapy type is Rehabilitative; quick dash; 72; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 05/11/2021; No patient 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; NCTSIB; 2; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; none; Enter score here Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 04/09/2021; No patient 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; Quick Dash; Quick Dash; 37.5; 37.5; Non-Surgical; Non-Surgical; 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; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 05/12/2021; No patient 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; aromwfl; same; 3-5; 4-5; Non-Surgical; Non-Surgical; 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; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits without instability: 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 clinical pre; Severe objective and functional deficits	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 06/09/2021; No patient 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; UPPER EXTREMITY QUICK DASH; UPPER EXTREMITY QUICK DASH; 48/100; 48/100; Non-Surgical; Non-Surgical; 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; Requestor is not a fax; Severe objective and functional deficits without instability; 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 clinical pre; Severe objective and functional deficits	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 06/22/2021; 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; None; n/a; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; None; n/a; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/14/2021; LEFT CUBITAL TUNNEL RELEASE REVISION AND LEFT THUMB TRIGGER RELEASE; 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; QUICK DASH; 88.6%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; QUICK DASH; 88.6%; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 04/07/2021; 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; 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 number of visits is other than 2.; OPTIMAL INSTRUMENT; 25%; OPTIMAL INSTRUMENT; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 04/09/2021; 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; 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 number of visits is other than 2.; QUICKDASH; 55%; QUICKDASH; 55%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 04/12/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/07/2021; ORIF; 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 number of visits is other than 2.; ROM;STRENGTH; 75%; ROM;STRENGTH; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 04/28/2021; 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; 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 number of visits is other than 2.; DASH;AROM; 66.7% DISABILITY;70% DEFICIT; DASH;AROM; DASH 66.7%;AROM 70% DEFICIT; The anticipated number of visits is other than 2.; 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; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 05/18/2021; 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; 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 number of visits is other than 2.; Optimal; 50; Optimal; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	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>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; 05/26/2021; 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; 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 number of visits is other than 2.; RANGE OF MOTION;STRENGTH DEFICITS; 50%; ROM;STRENGTH DEFICITS; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	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>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; 06/04/2021; 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; 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 number of visits is other than 2.; DASH; 81%; DASH; 81%; The anticipated number of visits is other than 2.; 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; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 06/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/18/1921; CLOSED REDUCTION PERCUTANEOUS PINNING RIGHT CMC JOINT 6/16/21; 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 number of visits is other than 2.; GRIP; right-unable to test 2 degree to protocol ;left 128# of grip force; DASH ;GRIP; 60.8; The anticipated number of visits is other than 2.; 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; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 04/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/08/2021; Carpal Tunnel bilateral upper limb; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; RANGE OF MOTION; 30% DISABILITY; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Wound/Burn Care selected as the second body type/region; Body Part for second pass is Wound/Burn Care; Occupational Therapy; Speech	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/19/2021; L WRIST ORIF; Post-Op; 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; NONE; N/A; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; NONE; N/A; Post-Op; 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; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 06/07/2021; 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; QUICKDASH; QUICKDASH; 37%; 37%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	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; 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/04/2021; OPEN REDUCTION INTERNAL FIXATION, BOTH BONES; Post-Op; 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; QUICKDASH; QUICKDASH; 82%; 82%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Second Pass check point; Body Part for second pass is not in options listed; 05/26/2021; 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: ; NONE; NONE; NONE; NONE; 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: 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; 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; Body Part for first pass is Lower Leg; Body Part for second pass is Lower Leg; Occupational Therapy; Speech	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	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 for first pass is Elbow;  04/30/2021; 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: ; Three or more visits anticipated; Therapy type is Rehabilitative; Enter name of tool here Enter score here Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	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>Perform Body Part selection; First Pass; Body Part for first pass is Hand;  06/01/2021; 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; QUICK DASH OCCUPATIONAL THERAPY; 90.09%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested</p>	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	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; 06/28/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; None of the above best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	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: ; ; 50/100; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	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: ; NA; NA; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 04-01-2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11-19-2020; REINSERTION OF RUPTURED BICEPS TENDON, DISTAL; 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; QUICK DASH; 25; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 04/06/2021; 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; Optimal; 50; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 05/21/2021; 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 05/25/2021; 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; Questionnaire; 12%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 06/07/2021; 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; Optimal instrument; 25%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 06/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/17/2020; DeQuervian's Release; 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; Upper Extremity Quick Dash; 75%; 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 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; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 06/21/2021; 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; QUICK DASH; 93.1%; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/01/2021; DISTAL BICEPS RE-INSERTION; 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; DASH; 26.8%; 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 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; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 06/30/2021; 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; Functional Status;;Prior Level of Function: Pt had difficulty performing certain tasks, due to symptoms in the RUE. ;Current Level of Function: Pt has difficulty sleeping at night, due to symptoms throughout the RUE.; N/A; 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 with minimal 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	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; ; QUICK DASH; 25; 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 presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/11/2021; arthroplasty; 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.; quick dash; 54.55; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 03/31/2021; 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.; QUICK DASH; 61.36%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/06/2021; 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.; optimal & Dr Wassell's office visit; 60%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/14/2021; 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.; optimal instrument; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/09/2021; LEFT THUMB DISPLACED FX; 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.; UEFI; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/16/2021; 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.; unknown; 80%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/20/2021; 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.; QUICKDASH; 85%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/14/2021; LEFT TRAPEZIUM EXCISION WITH FCR/APL INTERPOSITION AND TENDON TRANSFER; 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.; QUICKDASH; 78%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/20/2021; 1. DEBRIDEMENT AND IRRIGATION OF GRADE 2 OPEN PROXIMAL PHALANX FRACTURE, SKIN, SUBCUTANEOUS TISSUE AND BONE; 2. OPEN REDUCTION AND INTERNAL FIXATION WITH TWO 0.045 K-WIRES OF PROXIMAL PHALANX, SECOND FINGER; 3. REPAIR OF EXTENSOR TENDON, LEFT INDEX FINGER; 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.; QUICKDASH; 49%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/03/2021; 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.; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/05/2021; 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.; optimal instrument; 50%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/07/2021; 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.; QuickDASH; 55%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/11/2021; 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.; FOTO; 51%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/29/2021; RIGHT THUMB CMC ARTHROPLASTY; 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.; FOTO ELBOW, WRIST AND HAND; 43% FUNCTIONAL; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/12/2021; 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.; QUICKDASH; 72.72; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/05/2021; BILATERAL CARPAL TUNNEL RELEASE; 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.; QUICKDASH; 45.45; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/15/2020; finger amputation, tendon & nerve & artery repair; 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.; optimal outcome tool; 25% functional; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/29/2021; unknown; 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.; unknown; 48%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/25/2021; 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.; QUICKDASH; 35%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/10/2021; ARTHROPLAST, PROXIMAL INTERPHALANGEAL JOINT; 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.; QUICKDASH; 87%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/14/2021; LEFT THUMB TRA WITH SUTURE SUSPENSIONPLASTY, LCTR, LCUTR INSITU RELEASE, BWS; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/26/2021; OPEN REDUCTION INTERNAL FIXATION, PHALANX; 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.; DASH; 11% functional; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/03/2021; 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.; optimal instrument; 75%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/04/2021; 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/08/2021; 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.; QUICKDASH; 51%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/30/2021; LEFT 5TH MC CRPP; 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.; QUICK DASH; 65.90%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/10/2021; Left Ring Finger Volar Plate Advancement; 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.; QuickDASH; 36; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/03/2021; LACERATION REPAIR WITHOUT FOREIGN BODY OF LEFT RING FINGER WITHOUT DAMAGE TO NAIL.; 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.; UPPER EXTREMITY QUICK DASH; 70/100; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/09/2021; 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.; QUICK DASH; 25%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/09/2021; Left index finger flexor tendon repair; 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.; upper extremity; 80; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/15/2021; 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.; THERAPIST EVALUATION, QUICK DASH; ; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/16/2021; 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.; QUICKDASH; 63.64; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/15/2021; Palmar fascial fibromatosis; 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.; Quick Dash; 62%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/01/2021; Left hand subtotal palmar fasciectomy & Left long finger A-1 pulley release; 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.; Range Of Motion; 60%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/21/2021; 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.; optional outcome tool; not available; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2021; RT THUMB PROXIMAL CLOSED REDUCTION AND PERCUTANEOUS PINNING; 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.; UEFI; 40%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/22/2021; 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.; QUICKDASH; 37%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/23/2021; 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.; QUICK DASH; 90.9%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/23/2021; 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.; QUICKDASH; SCORE NOT ENTERED IN EVAL NOTES; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/29/2021; 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.; QuickDASH; 64; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	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.; ; 50/100; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/07/2021; No patient history 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; PELVIC FLOOR DISABILITY INDEX; ; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/17/2021; No patient history 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; na; na; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Enter name of tool here Enter score here The 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 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/15/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/28/2021; 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; barthel; 65; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/10/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical head, spine, torso best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/07/2021; ORIF; 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; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/08/2021; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/18/2021; 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; barthel; 60; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/28/2021; 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; Generic Daily Activity Outpatient Short Form; 39.78; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/29/2021; 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; 50; N/A; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/12/2021; No patient history in the past 90 days; Evaluation dates less 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; Optimal; 50; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/13/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 65%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/14/2021; No patient history in the past 90 days; Evaluation dates less 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; HOME PROGRAM; 9 out of 10; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/15/2021; ; 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; ; 50/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/19/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/08/2021; RT RCR; 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; UEFI; 77.5 %; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/22/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 41.7%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/22/2021; No patient history in the past 90 days; Evaluation dates less 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; UPPER EXTREMITY QUICK DASH; 2/100; 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 moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/19/2021; rotator cuff repair; 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; dash; 69.8; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/29/2021; No patient history in the past 90 days; Evaluation dates less 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; optimal outcome tool; not available; 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 moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/03/2021; No patient history in the past 90 days; Evaluation dates less 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; UPPER EXTREMITY QUICK DASH; 36/100; 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 moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/05/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 73%; 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 moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/05/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICKDASH ASSESSMENT; 54.55%; 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 moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/07/2021; No patient history in the past 90 days; Evaluation dates less 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; FOTO; 51 OUT OF 100; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/11/2021; No patient history in the past 90 days; Evaluation dates less 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; Optimal; 50; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/13/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 52%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/21/2021; No patient history in the past 90 days; Evaluation dates less 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/24/2021; No patient history in the past 90 days; Evaluation dates less 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; QuickDASH; 84; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/25/2021; No patient history in the past 90 days; Evaluation dates less 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; DASH; 41/100; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/27/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; ; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/28/2021; No patient history in the past 90 days; Evaluation dates less 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; Range Of Motion; 30%; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/02/2021; No patient history in the past 90 days; Evaluation dates less 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; Quick DASH; 24%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/07/2021; No patient history in the past 90 days; Evaluation dates less 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; unknown; unknown; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/10/2021; LABRAL REPAIR; 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; DASH; 77%; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/08/2021; No patient history in the past 90 days; Evaluation dates less 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; UPPER EXTREMITY QUICK DASH; 36/100; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/17/2021; No patient history in the past 90 days; Evaluation dates less 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 moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/21/2021; No patient history in the past 90 days; Evaluation dates less 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; Optimal Outcome Tool; 70% functional; 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 moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/18/2021; RIGHT SHOULDER SCOPE S/P SAD, DCR, BICEP, RTC REPAIR; 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; DASH (QUICK DASH); 80/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/22/2021; No patient history in the past 90 days; Evaluation dates less 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; QuickDASH; 59; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/25/2021; LEFT SHOULDER ARTHROSCOPY; 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; THERAPIST EVALUATION; ; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/15/2021; Right Carpal Tunnel Syndrome and Lateral Epicondylitis; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; ; 50/100; The 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 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; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 04/07/2021; 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 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 04/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/03/2021; S/P ORIF DISTAL RADIUS FRACTURE; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; N/A; N/A; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/04/2021; left open reduction internal fix. of distal radius fracture and left carpo tunnel relief.; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; unknown; unknow; The 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 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; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 04/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/01/2021; CUBITAL TUNNEL RELEASE- Lt; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; ; 50/100; The 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 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; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 04/26/2021; 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; Quick Dash; 45%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/01/2021; ORIF of left radius and subsequent hardware removal; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Optimal Instrument; 25%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/12/2021; 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 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/14/2021; 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; Quick Dash; 72%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/19/2021; 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; QUICKDASH; 0%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/21/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/01/2021; Tendon Repair; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QuickDASH; 0; The 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 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; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/24/2021; 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; DASH; 28%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/24/2021; 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; DASH; 73/100; The 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 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/09/2021; open tx radial head/neck fracture (left) ORIF DISTAL RADIUS performed by Dr. Sean Morell; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; optimal instrument; 50%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/08/2021; 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; Upper Extremity Quick Dash; 55%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/13/2021; LEFT WRIST PROXIMAL ROW CARPECTOMY; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; UEFI; 50%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/09/2021; 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; QUICKDASH;JAMAR;9 HOLE PEG; 50; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/15/2021; 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; QUICKDASH; 74%; The 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 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05-28-2021; open reduction with internal fixation of right distal radius fracture; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Quick DASH; 22% functional; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/28/2021; LEFT CARPAL TUNNEL RELEASE; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; Three or more visits anticipated; THERAPIST EVAL AND QUICK DASH; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/24/2021; 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; QUICKDASH; 88%; The 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 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/12/2021; ORIF of left distal radius; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; QUICKDASH; 30%; The 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 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; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/29/2021; 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; DASH; 41%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	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: ; QUICKDASH; SCORE NOT DOCUMENTED IN NOTES; 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 presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	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: ; THERAPEUTIC EXERCISE;MANUAL THERAPEUTIC EXERCISE;HOT/COLD PACK; N/A; 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 presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Requestor is a fax; Occupational Therapy; Magellan does not manage chiropractic for the member's plan	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		complete; Perform Body Part selection; Perform Body 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; 06/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/11/2021; FEMUR FRACTURE; Post-Op; 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; MAHC 10 FALL RISK REASSESSMENT; 6; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; 30; PHQ2(C); 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; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Percocet ;cyclobenzaprine ;Lyrica ;lidocaine 5 % topical cream ;Zanaflex; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 neurological deficit; The patient has None of the above	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 as a Pre-operative evaluation	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication., The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient has been instructed to use hot an cold packs to control swelling. Also patient has been instructed to take an anti inflammatory medication such as ibuprofen as well as her regular pain medications to help with the pain. Patient has also been instr; The patient received oral analgesics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDS specialty is NOT Orthopedics.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 02/18/2020; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Date of onset is more than 6 months ago; The primary condition is Aphasia/Apraxia; The patient recently suffered either a CVA or TBI; TP REP STATES NONE USED FOR SPEECH; TP DID NOT HAVE INFO; 05/11/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does n ot manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is feeding or dysphagia; sound words; 53; 03/31/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Habilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The condition being treated is other; language ability score; poor; 05/24/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Habilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; EAT-10; 15%; 03/23/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; OFO; n/k; 04/28/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; 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; N/A; N/A; 03/30/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Voice; The patient has not recently suffered either a CVA or TBI; N/A; 50; 05/19/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; optimal instrument; 50%; 05/03/2021; The evaluation date is not in the future; Two visits anticipated; Rehabilitative; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; ST-VC-ST View Chart; 50; 05/21/2021; The evaluation date is not in the future; One visit anticipated; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	2	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Test of Adolescent and Adult Language-Fourth Edition TOAL-4;;Stuttering Severity Instrument-Fourth Edition SSI-4;;The pt's deficits have resulted in a significant negative impact on pt's ability to interact effectively with familiar and unfamiliar;c; ; 01/26/2021; The evaluation date is not in the future; Speech Therapy was requested; Two visits anticipated; Rehabilitative; Therapy type is Rehabilitative	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; 08/21/2020; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; 04/15/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; 04/23/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Requestor is not a fax; Speech Therapy; 07/23/2018; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Requestor is a fax; Speech Therapy; Magellan does not manage chiropractic for the member's plan	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/04/2021; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/05/2021; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/05/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/08/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/18/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; Physical Therapy was requested; Two visits anticipated	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/26/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/27/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/02/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/04/2021; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/05/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/08/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/25/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/26/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/09/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; mahc fall assesement; 4; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does n ot manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/15/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/17/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/23/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/31/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04-02-2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/01/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/06/2021; 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; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/06/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; massage evaluation; 25%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/07/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/08/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ADL; 75%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/13/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/14/2021; 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; Tinetti; 25; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/14/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/15/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	5 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; MAHC 10; 2; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/21/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; UEFI; 68%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/26/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Modified Oswestry; 44; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/27/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; LEFS; CM; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/30/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; DAL; 75; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/05/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/06/2021; 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; mhc 10 fall risk assessment; 5; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/06/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/06/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/07/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/10/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Optimal Instrument; 65% impairment; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/11/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/12/2021; 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; Tinetti; 24; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected condition	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/12/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/13/2012; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Tinetti balance and gait assessment tool; 14; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/13/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/17/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/18/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/19/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/20/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/21/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/24/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Modified Oswestry; 34%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ultrasound and therapy; 15%; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/25/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; MAHC-10 Fall Risk - Form Provided by;the Missouri Alliance for HOME CARE here; Enter MAHC A score of 4 or more is considered at risk for falling Total = 6he percentile here; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/02/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/03/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	4 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/04/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/07/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/08/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/08/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/09/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; NECK DISABILITY INDEX; CK; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; There has been a recent decline in function requiring skilled care; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/15/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/16/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/17/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/17/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/18/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/21/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/22/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/23/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/24/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/25/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/25/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/25/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/28/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/13/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/16/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/23/2018; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/20/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/19/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/02/2020; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/30/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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; 03/15/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; 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; LEFS; 34%; The anticipated number of visits is other than 2.; N/A; N/A used LEFS primary; The anticipated number of visits is other than 2.; 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 hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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; 03/23/2021; 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; LEFS; 31; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; LEFS; 31; 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	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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; 06/01/2021; No patient history 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; FOTO; 30; The anticipated number of visits is other than 2.; FOTO; 30; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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: ; optimal outcome tool; 75; The anticipated number of visits is other than 2.; optimal outcome tool; 75; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beign 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 patient's presentation.; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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: ; Oswestry disability questionnaire; 40% disability; 60% functional; The anticipated number of visits is other than 2.; Oswestry low back disability questionnaire; 40% disability; 60% functional; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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; 03/10/2021; No patient history 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 visits is other than 2.; Non-Surgical; ; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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;; n/a; n/a; The anticipated number of visits is other than 2.; n/a; n/a; 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 without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body 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; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 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; FOTO; 31; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 31.0; FOTO; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body 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;; Oswestry; 75%; The anticipated number of visits is other than 2.; 68%; Neck Disability Index; 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 describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body 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;; Oswestry; 76%; The anticipated number of visits is other than 2.; 74%; Neck Disability Index; 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 describes the patient's clinical presentation; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body 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; 31%; 31%; TMJ Disability Questionnaire; TMJ; 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 to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body 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; 66% functional; 66% functional; neck pain index; Neck pain index; 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 impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous	1	2021	Apr-Jun 2021





4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is Hip/Pelvis; 04/29/2021; No patient history 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; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is Hip/Pelvis; 05/05/2021; No patient history 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; Enter name of tool here Enter score here 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is Hip/Pelvis; 05/11/2021; No patient history 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: ; Three or more visits anticipated; FOTO; S2; 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 selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is Hip/Pelvis; 05/20/2021; No patient history 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; pelvic dysfunction inventory ;vulvar pain questionnaire; PFDI-20 7% impairment;VQ 27% impairment; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 05/25/2021; No patient history 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; unknown; unknown; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 06/03/2021; No patient history 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; internal PFX exam; Enter score here 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	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; 06/07/2021; No patient history 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; unknown; unknown; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	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 for first pass is Hip/Pelvis; 06/11/2021; No patient history 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: ; Three or more visits anticipated; unknown; Enter score here Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The hip is being treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is Hip/Pelvis; 06/14/2021; No patient history 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; Oswestry; 20; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 06/21/2021; No patient history 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; LEF; 46%; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is being treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 05/27/2021; 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; LEF; 20%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 06/03/2021; 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; LEF; 43%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 06/04/2021; 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; LEF; 30%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 06/08/2021; 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; LEF; 55%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 06/11/2021; 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; LEF; 44%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 06/17/2021; 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; LEF; 70%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; ; 50/100; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; adl; NA; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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: ; FOTO (21), LEFS (8); Foto 20 Lefs 8; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; foto; 55; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; FOTO; 69 OUT OF 100; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; FOTO; 77; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 14; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; Lefs; 26; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 48/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 58% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 73%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 75% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 89%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; Lower Extremity Functional Scale; 15; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; Lower Extremity Functional Scale; 26%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; LOWER EXTREMITY FUNCTIONAL SCALE; 48/80; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; optimal instrument; 25%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; optimal tools; 50; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; optimal tools; 50%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; OPTIMAL; 5; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; optimal; 75%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; questioneer; 60; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; QUITTON; 25%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; ROM; 70; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Optimal; 12; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	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: ; optimal tool; not available; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	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; 02/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Enter name of tool here Enter score here 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 04/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; foto; 54%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 04/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; n/k; n/k; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does n ot manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is Lumbar Spine; 04/20/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here 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 body type/region; Head/Neck selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is Lumbar Spine; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ROM; FL 3 IN 5 BENDING SIDE BENDING ON THE RIGHT ON LEFT 25 AND A FOURTH; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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; 05/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 52%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 05/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 60%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	<p>Body Part for first pass is Lumbar Spine; 06/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 06/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 38%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 70%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is Lumbar Spine; 06/08/2021; No patient history 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 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 body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 60%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is Lumbar Spine; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is Lumbar Spine; 06/09/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ROLAND-MORRIS BACK PAIN AND DISABILITY INDEX; 75%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is Lumbar Spine; 06/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Enter name of tool here Enter score here 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 06/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; BACK INDEX; 64%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is Lumbar Spine; 06/11/2021; No patient history 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; left; 40; 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 body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 06/23/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; BACK INDEX; 46%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; Enter name of tool here Enter score here One Body Part selected; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; n/a; n/a; One Body Part selected; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 03/31/2021; 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; 22%; NECK INDEX; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 04/09/2021; 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; 46%; FOTO; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is not in options listed; 04/09/2021; 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; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 04/14/2021; 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; 22%; NECK INDEX; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is not in options listed; 04/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here unknown; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 04/30/2021; 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; 28%; NECK INDEX; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is not in options listed; 04/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here Enter name of tool here Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is not in options listed; 05/20/2021; 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; FOTO; 36; 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); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is not in options listed; 06/01/2021; 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; Optimal tools; 50%; 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); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is not in options listed; 06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here Enter name of tool here Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is not in options listed; 06/08/2021; 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; 52%; NECK DISABILITY INDEX; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 for first pass is not in options listed; 06/16/2021; 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; ; 50/100; 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); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 06/21/2021; 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; 36%; NECK INDEX; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 06/22/2021; 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; 75%; Optimal Instrument; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Fracture selected as the body type/region; Body Part for first pass is Fracture; Previous auth data retrieved, type of habilitation = Rehabilitative; 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.; None of the above best describes the patient's presentation.; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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;; Enter score here Enter name of tool here One Body Part selected; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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: ; Enter name of tool here Enter score here Two Body Parts selected; None of the above best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	<p>Body Part for first pass is Shoulder; 06/14/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH OCCUPATIONAL THERAPY; 37.5%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 06/14/2021; No patient history in the past 90 days; Evaluation dates less 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; QuickDASH; 59; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; 06/18/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 36%; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; DASH; 47%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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: ; DASH; 63.6%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; Enter name of tool here Enter score here Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; QD; 38; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; Shoulder Disability; 3; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; SPADI; 38%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; SPADI; 66% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; stadi; 84; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; upper extremity functional index; 60% disability;40% functional; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; Upper Extremity Quick DASH; 90.91/100; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; N/A; N/A; One Body Part selected; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 03-31-2021; 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; OP PT EXTREMITY EVAL; REFER TO PATIENT PT EVAL AND PLAN OF CARE; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	3	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 02/12/2021; No patient history 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; Enter name of tool here Enter score here The 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 treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/11/2021; No patient history 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; NA; NA; The 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 treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvis; 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: ; Pelvic Girdele; Pelvic Girdle; 22.3%; 22.7%; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beign treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has None of the above; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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: ; FOTO; 56; FOTO; 56; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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; ; Pain questionnaire; 25; Pain questionnaire; 25%; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 04/14/2021; No patient history 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; ODI; 52; The anticipated number of visits is other than 2.; ODI; 52; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region;	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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: ; ; 50/100; 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 best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; FOTO; 49; 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 the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; LEFS; 78% functional; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; N/A; N/A; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/04/2021; 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; Enter name of tool here Enter score here 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/08/2021; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/08/2021; 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; optimal outcome tool; Standing 4;walking short distances 4;walking long distances 5;total 13; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/16/2021; 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; LEFS; 23%; 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: 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/03/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; optimal instrument; 25%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 80; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Oswestry; 22%; The 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 functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/10/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; rom grid; 40; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 72; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 15%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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: ; N/A; N/A; N/A; N/A; 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 patient has None of the above; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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; 04/14/2021; No patient history 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: ; n/a; n/a; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; None of the above best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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: ; FOTO; 40; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; 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:	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; MODIFIED OSWESTRY LOW BACK PAIN; 20 OF 100; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; N/A; N/A; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; optimal; not available; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; 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:	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	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: ; Oswestry; 14; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	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: ; Oswestry; 22; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; Oswestry; 30%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; Oswestry; 51%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; Oswestry; 52%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; Oswestry; 66%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/04/2021; 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; Enter name of tool here Enter score here 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: 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 type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/25/2021; 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; 28% FUNCTIONAL; NECK DISABILITY INDEX; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/13/2021; 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; 20; OSWESTRY NECK PAIN AND DISABILITY; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/19/2021; 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: ; LOWER EXTREMITY FUNCTIONING SCALE; 20/80; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/20/2021; 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; ; Lefs; 30%; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/11/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/02/2021; ortho implant for right leg; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; prothesis; 100; 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 functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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; 06/02/2021; 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: ; Tinetti POMA;1/28 3.6 %;TUG ;unable due to restrictions;30 second chair stand test;0 times;6 MWT;NT unable due to functional limitations; 3.6 %; The anticipated number of visits is other than 2.; 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; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for first pass is	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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: ; Tinetti Balance Scale; TOTAL SCORE 9; Interpretation (0-18) High Risk; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; None of the above best describes the patient presentation; Fracture was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Fracture; Body Part for second pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; 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 auth; Questions about the subsequent request: ;	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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;; Dash; 66; Neither Pre-Op, Post-Op or Non-Surgical; 20; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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;; NDI; 48; Neither Pre-Op, Post-Op or Non-Surgical; 48; NDI; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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;; NDI; 84; Neither Pre-Op, Post-Op or Non-Surgical; 84; NDI; 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 describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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;; quick dash; 55; Neither Pre-Op, Post-Op or Non-Surgical; 55; upper extremity quick dash; 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 functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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;; QUICK DASH; 57%; Neither Pre-Op, Post-Op or Non-Surgical; 57%; QUICK DASH; 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 functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	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 Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	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; mahc; 6; 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 Therapy was requested; Previous auth data retrieved, type of habilitation = Rehabilitative; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	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 impariments 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021 4/1/2021	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;; 55/100; FOTO; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	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;; 60%; ND; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; LESF; 4%; 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 as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; 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:	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; optimal; 25% patient has wounds on leg that limit use of her leg/ankle. therapy is helping.; 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 as the body type/region; Body Part for first pass is Lower Leg; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/04/2021; LEFT SHOULDER ARTHROSCOPIC DEBRIDEMANT, BECEPS TENOTOMY.; 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; OPTIUMAL INSTRUMENT; 25%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/22/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/11/2021; s/p R RTC repair; 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; FOTO; 40; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	2	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/25/2021; Right Shoulder Arthroscopy with Anterior Reconstruction; 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; ; 50/100; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/25/2021; No patient history in the past 90 days; Evaluation dates less 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; QUICK DASH; 73; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/16/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/30/2021; interior scapular for bone spurs; 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; optimal instrument; 4; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/24/2021; No patient history in the past 90 days; Evaluation dates less 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; Quick Dash; 91%; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/07/2021; 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.; Optimal Instrument; 60%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; DASH; 29; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; NECK DISABILITY INDEX; 32%; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Previous auth data retrieved, type of habilitation = Rehabilitative; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request:	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Previous auth data retrieved, type of habilitation = Rehabilitative; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request:	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Requestor is a fax; Physical Therapy; Magellan does not manage chiropractic for the member's plan	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2021; Right Total Knee; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; KOOS; 36%; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/07/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/03/2021; right knee ASXLOArigh femur removal of hardware AIT; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Enter name of tool here Enter score here 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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; 04/28/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/26/2021; Medial Right Knee Meniscus repair; Post-Op; 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: ; n/a; n/a; The anticipated number of visits is other than 2.; Three or more visits anticipated; n/a; n/a; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 01/29/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/27/2021; Right ACL repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Unknown; Unknown; Post-Op; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	selection; First Pass; Body Part for first pass is Knee; 06/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/05/2021; Right knee prox patellar tendon repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEF; 90%; Post-Op; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/05/2021; ACL repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 83; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/25/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/21/2021; Left knee ACL reconstruction.; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; optimal outcome tool ;sitting 4;walking short distances 4;climbing 4; 12; 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; 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 Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; unknown; 26; The anticipated number of visits is other than 2.; unknown; 25; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; The hip is being 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; First Pass; Body Part for first pass is not in options listed; 06/22/2021; 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: ; LEF; 15%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/29/2021; 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: ; LEFS; 39; 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	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: ; Foot and ankle ability measure; 69%; 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 presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	passes complete; Perform Body Part selection; Perform Body 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; 02/04/2021; 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: ; Lower extremity functional scale.; 87.5%; The anticipated number of visits is other than 2.; Lower extremity functional scale.; 87.5%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 selection; First Pass; Body Part for first pass is not in options listed; 05/18/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/17/2021; RIGHT ANKLE SURGERY; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; F282; 12; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; First Pass; Body Part for first pass is not in options listed; 06/15/2021; 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: ; LEF; 45%; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 01/27/2021; 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: ; lower extremity functional index; 29; 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 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/19/2021; 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: ; Enter name of tool here Enter score here 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: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/23/2021; Right insertional achilles debridement/secondary repair; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Foto; 30; 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: 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 selection; Perform Body 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; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; Range of Motion; 50% disabled and 50% Functional; 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 motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; None of the above best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Lower Leg; Previous auth data retrieved,	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 LOWER EXTREMITY FUNCTIONAL SCALE AKA LEFS; 25; 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 Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 Lower Extremity functional scale; 44/80; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	01/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	02/02/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	02/09/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	02/09/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	02/12/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	02/19/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	03/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 02/05/2021; 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; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Neuro Rehabilitative; Occupational Therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	03/02/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	03/08/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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	03/16/2021; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	03/17/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	03/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	03/25/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	04/06/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	04/07/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	04/12/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	04/14/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	04/16/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	04/19/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	04/20/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	04/22/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	05/03/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	05/20/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	05/25/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	05/26/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	06-25-2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	06/01/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	4 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	06/08/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	06/14/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	06/17/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	06/18/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	06/21/2021; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	07/06/2020; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	07/23/2018; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	10/16/2020; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	10/27/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	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.; Optimal Instrument; Optimal Instrument; 50%; 50%; 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 motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 04/20/2021; No patient history in the past 90 days; Evaluation dates less 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; unknown; unknown; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	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 Wrist; 05/21/2021; 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; grip gauge; ; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	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 for first pass is Wrist; 06/04/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/14/2021; R CTR, inject L CT, L Cubital tunnel; Post-Op; Wrist selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more visits anticipated; QUICK DASH OCCUPATIONAL THERAPY; 95.4%; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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: ; upper extremity quick dash; 70/100; 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 presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/07/2021; No patient history 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; PELVIC FLOOR DISABILITY INDEX; ; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 02/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/24/2021; OPEN REDUCTION AND INTERNAL FIXATION OF RIGHT EXTRA-ARTICULAR DISTAL RADIUS FRACTURE; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; QUICKDASH; 82%; The 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: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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: ; QUICKDASH; SCORE NOT ENTERED IN NOTES; 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 presentation; Upper Extremity selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Plastic Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Plastic Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Bilateral Xrays do not show bone injury present. An MRI is needed to evaluate soft tissue.; This study is being ordered for trauma or injury.;; There has not been any treatment or conservative therapy.; loss of range of motion in both arms, pain in shoulders; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		; This study is being ordered for Inflammatory/ Infectious Disease.; 12/23/19; There has been treatment or conservative therapy.; Osteoarthritis;Foot contracture; Ankle brace;Steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2019; There has been treatment or conservative therapy.; limited rang of motion swelling valgus deformity arthritis pain; injections medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 11/21/20; There has been treatment or conservative therapy.; PAIN; 11/22/20; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 4/20/2021; There has been treatment or conservative therapy.; history of osteomyelitis; antibiotic; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if surgery is planned for within 30 days.; This study is NOT being ordered for assessment of a known fracture fragment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 planned for within 30 days.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for known dislocation.; It is unknown if the dislocation is reducible.; The dislocation has recurred.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered for routine follow up.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is NOT being ordered for a routine follow up or for a possible non union fracture.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with immobilization for at least 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is NOT being ordered for chronic pain, acute pain, rule our tarsal coalition, known or suspected septic arthritis or osseomyelitis, tendonitis, neuroma or plantar fasciitis.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a recent injury.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 post operative evaluation.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is a suspicion of fracture not adequately determined by x-ray.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2019; There has been treatment or conservative therapy.; limited rang of motion swelling valgus deformity arthritis pain; injections medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 11/21/20; There has been treatment or conservative therapy.; PAIN; 11/22/20; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; both ankles have what appears to be osteoarthritis; This is a request for a bilateral ankle MRI.	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	evaluation to guide further treatment plan including possible surgical intervention-; This study is being ordered for trauma or injury.; 04/30/2020; There has been treatment or conservative therapy.; right foot pain; physical therapy, boot immobilization, Ice, rest, arch support; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Preventitive Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/06/2021; 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; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The evaluation date is not in the future; The Member is 10 years old or older.; Other/none of the above; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Habilitative; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Preventitive 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Psychiatry	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Psychiatry	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.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Psychiatry	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.; 'None of the above' describe the headache's character.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary 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); Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		H/o asthma, maintained on albuterol UD; uses once daily for breathlessness. Smokes pack a day for 40 yrs, down to 8-10 in past yr. Respiratory distress post bypass surgery. CT chest showed supraglottic soft tissue swelling suggestive of tracheal stenosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary 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 infection best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary 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.; Known tumor outside the brain best describes the patient's tumor.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' 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; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary 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).; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'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).; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in th is patient.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	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 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	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 a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	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 a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	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.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; 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 a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	ABNORMAL CHEST XRAY; SHORTNESS OF BREATH; CHEST PAIN; "There is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	34 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	57 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	bilateral nodules noted 12/2020. rad recommended 6 mo f/u CT.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; 'None of the above' are 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; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	chronic bronchitis; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Chronic interstitial lung changes without evidence of an acute infiltrate; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Clinical Information; HX/DX ; Interstitial lung disease J84.9; Abnormal CXR R93.89; Post COVID syndrom B94.8; Physical Exam Findings: shortness of breath, hypoxemia, hx COVID; Preliminary Procedures Already Completed: CXR, oxygen walk & PFT - both abnor; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	COPD SOB; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Duration of Medications;;Reason for Study ;(REQUIRED);;Abnormal CXR with increased interstitial lung markings concerning for ILD with enlargement of pulmonary hilum;suggestive of adenopathy or pulmonary artery enlargement ;Pt has shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	enlarged lymph nodes; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 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.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus); The member has NOT been tested for Covid-19.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The patient is NOT presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	fax clinical; A Chest/Thorax CT is being ordered.; 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 a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	H/o asthma, maintained on albuterol UD; uses once daily for breathlessness. Smokes pack a day for 40 yrs, down to 8-10 in past yr. Respiratory distress post bypass surgery. CT chest showed supraglottic soft tissue swelling suggestive of tracheal stenosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Her last CT of the Chest showed Interstitial Lung Disease with NSIP and a non calcified 10 mm nodule in the Left lower lobe. She has a history of smoking and just recently quit. A 3 month follow up was recommended by the radiologist.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	HISTORY OF POSITIVE COVID; PULMONARY FIBROSIS; UNRESOLVED SHORTNESS OF BREATH; O2 DEPENDENT; HISTORY OF ARDS; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.;" There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	HX/DX ;(REQUIRED):: ;Loculated right basilar pleural effusion and atelectasis unchanged. The spiculated left;apical noncalcified pulmonary nodule is smaller measuring 8 mm, previously 15 mm. The punctate;noncalcified pulmonary nodule within the super; This study is being ordered for Congenital Anomaly.; 3/30/2021; There has been treatment or conservative therapy.; SHORTNESS OF BREATH AND CERTAINLY IF HERNIA IS WORSE THAT MAY BE CAUSING COMPRESSION OF LUNG TISSUE WHICH COULD CONTRIBUTE TO HER DYSPNEA IN ADDITION TO HER COPD.; CT CHEST TRELEGY STARTED 3/30/21 ALBUTEROL AS NEEDED;;;CT ABDOMEN - NO TREATMENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Impression: 1. Interval development of innumerable pulmonary nodules, most numerous in the left lower lobe, and to masslike opacities in the right upper lobe. These findings are favored to be secondary to an inflammatory or atypical infectious process. Lu; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Interstitial Lung Disease with SOB; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; It is unknown if this patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	left sided Pleural Effusion and multiple lung nodules in right lung.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	LUNG NODULES; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Multiple pulmonary nodules; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	nodular in the lungs; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	nodule greater than 8mm; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Other disorders of lung; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient had a CT Chest done in January that showed a 8mm RUL lung nodule and other 2-4mm nodules. He is having a cough with yellow sputum. ;Given his smoking history, age, and radiographic findings, the Pulmonologist wants to repeat CT and decide on furt; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient has a 12mm Lung Nodule in the Right Lower Lobe. Nodify blood test showed 11% risk for malignancy. Pulmonologist wants to follow-up on this because of malignancy risk and smoking history.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a carcinoid tumor of left lung; A Chest/Thorax CT is being ordered.; 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a lung nodule he is needing a followup CT scan; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient has persistent shortness of breath;Uncontrolled severe persistent asthma;Previous CT did not show any evidence of bronchiectasis although she has symptoms consistent with bronchiectasisInfo Given.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient is short of breath and had an abnormal pft.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient performed LDCT chest on 04/20/2021 which noted large lung mass. Due to the size and patient's history, both radiologist and pulmonologist recommend CT chest with contrast NOW.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Post Covid long haulers; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was positive.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Previous imaging shows scattered opacities and scarring or interstitial lung disease.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Previous smoker that quit 6 months ago. went to the ER for a chronic cough, would like a CT scan to check for the cause of the chronic cough; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt. has a history of pulmonary nodules and is a current smoker.; A Chest/Thorax CT is being ordered.; 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pulmonary Nodule, shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pulmonary sarcoidosis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Reoccurring Pleurisy in the past 3 months with no relief from treatment. Right sided pain that radiates into the chest. Also a productive cough with yellow sputum.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Right hilar prominence; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.;" This study is being ordered for work-up for suspicious mass.;" Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	She has a history of renal cell carcinoma followed by Dr. Engstrom.;"She had a CT of the chest on 3/1/2021 which revealed the previously visualized airspace opacity posteriorly and a right lower lobe has resolved, new small pleural based ground glass op.;"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They had a previous Chest x-ray.;" A Chest/Thorax CT is being ordered.;" This study is being ordered for work-up for suspicious mass.;" Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Solitary pulmonary nodule Technique: Multiple contiguous axial CT images were obtained from the lung apices through the lung bases following administration of 100 cc of Omnipaque intravenous contrast. Comparison study: 3/11/2020 Findings: The noncalcif; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.;" This study is being ordered for work-up for suspicious mass.;" Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Spirometry at outside facility showed mild obstruction with positive BDR.She has intermittent cough. She is using albuterol as needed. She is also on Singulair; A Chest/Thorax CT is being ordered.;" The study is being ordered for none of the above.;" This study is being ordered for non of the above.;" Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Surgery is scheduled within the next 30 days.;" A Chest/Thorax CT is being ordered.;" The patient is having an operation on the chest or lungs.;" The study is being ordered for none of the above.;" This study is being ordered for a pre-operative evaluation.;" Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).;" The member has NOT been tested for Covid-19.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Suspected lung disease.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	The patient is a 27-year-old lady with past medical history of chronic migraines, depression, bipolar disorder and moderate persistent asthma. She comes referred to us because of an incidental finding of a left lower lobe of the lungs found in a CT abdo; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary 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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	16 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Coughing up blood (hemoptysis) describes the reason for this request.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 NOT had a Low Dose CT for Lung Cancer Screening 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 has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT had a Low Dose CT for Lung Cancer Screening 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	29	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT had a Low Dose CT for Lung Cancer Screening 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	16	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	unknown; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Impression: 1. Stable chest CT. 2. There are stable calcified pleural plaques seen throughout the lungs likely related to benign asbestos related pleural disease. 3. There is a stable right pleural effusion. 4. The areas of bronchiectasis and consolidation; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Will need CTA chest to rule out any parenchymal abnormalities.; The patient is over 17 years old.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a non-cardiac nature.; Yes, this is a request for a Chest CT Angiography.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	HX/DX ;(REQUIRED):: ;Loculated right basilar pleural effusion and atelectasis unchanged. The spiculated left;apical noncalcified pulmonary nodule is smaller measuring 8 mm, previously 15 mm. The punctate;noncalcified pulmonary nodule within the super; This study is being ordered for Congenital Anomaly.; 3/30/2021; There has been treatment or conservative therapy.; SHORTNESS OF BREATH AND CERTAINLY IF HERNIA IS WORSE THAT MAY BE CAUSING COMPRESSION OF LUNG TISSUE WHICH COULD CONTRIBUTE TO HER DYSPNEA IN ADDITION TO HER COPD.; CT CHEST TREGLEY STARTED 3/30/21 ALBUTEROL AS NEEDED;;CT ABDOMEN - NO TREATMENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary 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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary 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.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary 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.; The reason for the study is renal calculi, kidney or ureteral stone; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	76380 Computed tomography, limited or localized follow-up study	This study is being ordered for a known or suspected tumor.; "The ordering physician is an oncologist, ophthalmologist, otolaryngologist (ENT specialist), or maxillo-facial surgeon."; This is a request for a limited Sinus CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is NOT being ordered for Chemotherapy, Known Cardiomyopathy/ Myocarditis, Suspected Cardiomyopathy/ Myocarditis, or Congestive Heart Failure.; Pt is having a lung transplant	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	Personal History of Cancer with Lung Mass now noted; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	patient has a lung mass; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary embolism.	2 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for pre-operative evaluation.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	3	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		; This is 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary 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; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary 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."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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).; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was negative.; The member has a complication of suspected Covid-19.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	6 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Bronchiectasis without acute exacerbation; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	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).; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	COPD, shortness of breath, chronic cough; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	evaluate for evidence of emphysema; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Follow up ct to evaluate for changes. Bronchiectasis seen on CT in 2017.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	follow up interstitial pulmonary disease; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	New finding Lung Nodule evaluation.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	No Info Given.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	NON DIAGNOSTIC; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient has a lung mass; A Chest/Thorax CT is being ordered.; 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient has a lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	persistent left pleural;effusion and/or pleural thickening with an increase blunting of left;costophrenic angle since last years exam and although this is not;masslike may want to consider closer follow-up CT scan or consider PET;CT or possible pleura; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Personal History of Cancer with Lung Mass now noted; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt has a lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt has lymphadenopathy and nodules; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt has multiple lung nodules; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS RESTRICTIVE LUNG DISEASE POST COVID. THIS IS FOLLOW UP FROM PREV CT; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt with Covid in January, still with Dyspnea on Exertion; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	She complains of intermittent dry cough which which has not been affected with albuterol nebs twice a day for pro-air 1-2 times a day. She is dyspneic occasionally at rest, wheezing, denies fever, or hemoptysis. She complains of sternal pains with prolo; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Shortness of breath with o2 sats around 92% when she is having shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	shortness of breath, has COPD, asthma & is a Current smoker.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; There has not been any treatment or conservative therapy.; benign tumor; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Will upload clinicals; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	worsening of baseline symptoms; black sputum; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Would like to obtain CT chest without contrast to look for any chronic process such as IUD.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	abnormal Lung Image on 02/2021 would like to get annual Low-dose CAT scan to further evaluate. Pt. has smoked for 30+ years and continues to smoke.; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	LUNG-RADS 3, 6 MO F/U; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary 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 suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary 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.; Yes this is a request for a Diagnostic CT; Reason: ELSE (system matched response); Moderate bilateral Hydro nephrosis; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary 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.; Yes this is a request for a Diagnostic CT; Reason: ELSE (system matched response); RULE OUT Pheochromocytoma; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary 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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; There has not been any treatment or conservative therapy.; benign tumor; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	patient has a lung mass; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Pulmonary Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Frequently recurrent pain crises and acute chest syndrome events with recurrent hospitalizations over the last 2 years.; This study is being ordered for Congenital Anomaly.; 07/12/2009; There has been treatment or conservative therapy.; Pain crisis episodes, acute chest syndrome; Medications, blood transfusions, home treatments; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; 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.; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	EVALUATION OF METASTATIC DISEASE; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; It is not known if there are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	history of brain tumor as of 09/2020, this is a follow-up, Pt had tumor removed during craniotomy.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient received radiation therapy 11/11/2020-11/25/2020 for 10 fractions of 3 Gy/fx for total dose of 30 Gy to superior mediastinum and right supraclavicular region. Extreme esophagitis still present.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	15 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	10x8 mm noncalcified left upper lobe pulmonary nodule noted on CT Angiogram, (01/30/21) in a current smoker.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	CT Chest dated 4/5/2021 showed a solitary left lower lobe nodule measuring 12x10 mm. Patient is a current smoker who smokes a pack a day and occasionally vapes.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Follow up treatment of Cancer, Metastatic disease, Malignancy	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Staging or Restaging of Cancer, Metastatic disease, Malignancy	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	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.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	72192 Computed tomography, pelvis; without contrast material	It is not known if the patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; The patient has had 3 or fewer pelvis CTs.; This study is not being ordered for initial staging.; It is not known whether the patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	unknown; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Follow up treatment of Cancer, Metastatic disease, Malignancy	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Staging or Restaging of Cancer, Metastatic disease, Malignancy	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation 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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	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.; CHECKING CARDIAC FUNCTION DUE TO CARDIO TOXIC CHEMO	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for None of the above or don't know; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Bilateral lower extremity pain: The patient has bilateral lower extremity pain. She states that her right lower extremity thigh pain began after an injury at work and that her left lower extremity pain has been present for several months. She describes ; ONGOING FOR SEVERAL MONTHS - WORSENING; There has been treatment or conservative therapy.; BILATERAL LOWER EXTREMITY PAIN, BACK PAIN - HIP TO TOES.THERE IS SOME WORSENING ON STRAIGHT LEG RAISES ON BOTH SIDES, CONCERN THERE MAY BE A DISC INVOLVED.; MEDICATION; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Bilateral lower extremity pain: The patient has bilateral lower extremity pain. She states that her right lower extremity thigh pain began after an injury at work and that her left lower extremity pain has been present for several months. She describes ; ONGOING FOR SEVERAL MONTHS - WORSENING; There has been treatment or conservative therapy.; BILATERAL LOWER EXTREMITY PAIN, BACK PAIN - HIP TO TOES.THERE IS SOME WORSENING ON STRAIGHT LEG RAISES ON BOTH SIDES, CONCERN THERE MAY BE A DISC INVOLVED.; MEDICATION; This study is being ordered for Other	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiation Oncology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	restaging cardiac function due to cardiotoxic chem; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		MONITORING OF KNOWN ANEURYSM TO EVALUATE STABILITY AND NEED FOR CHANGE IN TREATMENT; This study is being ordered for Vascular Disease.; 11/15/2020; There has not been any treatment or conservative therapy.; THUNDERCLAP HEADACHES OCCURING DURING SEXUAL INTERCOURSE, INCIDENTALLY DISCOVERED INTERNAL CAROTID OUTPOUCHING AND OPHTHALMIC ARTERY ANEURYSM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the brain.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Radiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	MONITORING OF KNOWN ANEURYSM TO EVALUATE STABILITY AND NEED FOR CHANGE IN TREATMENT; This study is being ordered for Vascular Disease.; 11/15/2020; There has not been any treatment or conservative therapy.; THUNDERCLAP HEADACHES OCCURRING DURING SEXUAL INTERCOURSE, INCIDENTALLY DISCOVERED INTERNAL CAROTID OUTPOUCHING AND OPHTHALMIC ARTERY ANEURYSM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiology	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiology	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<math>\geq 10</math>, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Radiology	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.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiology	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiology	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.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.; The patient is NOT presenting new signs or symptoms.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdominal arteries.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Radiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rehabilitations	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 than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Follow-up to spine injection in the past 6 months	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Neurological deficit(s); This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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.; owestry; 48%; 30%; Neck Disability Index; 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 impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Previous auth data retrieved, type of	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/15/2021; 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; tenniti; 14 out of 28; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/26/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; rom, strength test functional gait; unknown; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/23/2021; 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; no score; TTP; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body 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;; Enter score here pass complete; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Rehabilitations	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/02/2021; right shoulder latarjet shoulder reconstruction; 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; quick dash; 58%; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rehabilitations	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rehabilitations	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Rehabilitations	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/15/2021; 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; tenniti; 14 out of 28; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rehabilitations	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;; Enter score here pass complete; 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; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Reproductive Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material		check for lung disease; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Reproductive Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Reproductive Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material	rule out cancer; A Chest/Thorax CT is being ordered.; 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.; It is unknown if the patient has a 20 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Thoracic aortic aneurysm suspected, initial exam ;unequal blood pressures in both arms; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	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 NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	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 NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 6 weeks of completed conservative care in the past 6 months	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurological deficit(s); This is a Medicare member.; The patient has Focal extremity weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Abnormal posture; Sacroiliac pain, inflammatory polyarthritis, ? Elevated ESR and CRP, Sacroiliitis; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	FOLLOWUP SI joint pain and abnormal SI joint xrays done at Harris Hosp.; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Multiple joint pain symptoms consistent with non inflammatory arthritis most likely mechanical low back pain or osteoarthritis. She does not have any signs of active inflammation or synovitis in any of the joints.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Bilateral hand pain with history of probable JIA when younger and bilateral periarticular soft tissue swelling on local hand x-rays on 4/8/21. Evaluate for synovitis or other evidence of inflammatory arthritis.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	pt. has family hx of RA. abnormal labs; chronic pain in joints causing limitations of ROM & ADL's; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicion of upper extremity neoplasm or tumor or metastasis.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 1/27/2021; There has been treatment or conservative therapy.; joint pain and swelling; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	pt. has family hx of RA. abnormal labs; chronic pain in joints causing limitations of ROM & ADL's; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 1/27/2021; There has been treatment or conservative therapy.; joint pain and swelling; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	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.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		05/04/2021; 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; Occupational Therapy; 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; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Solitary pulmonary nodule, SOB; "There is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 does not have any of the above listed items	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 1/27/2021; There has been treatment or conservative therapy.; lower back pain/bilateral extremity weakness pelvic pain/r/o inflammatory disease vs. DJD; PT HEP steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 1/27/2021; There has been treatment or conservative therapy.; lower back pain/bilateral extremity weakness pelvic pain/r/o inflammatory disease vs. DJD; PT HEP steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Synovitis of hip; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	uploading clinical; This study is being ordered for Inflammatory/ Infectious Disease.; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Will upload clinical.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Disapproval	72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for an Pelvis MR Angiography	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	patient has failed multiple biologics & no symptomatic improvements or change. She has upcoming surgery & will be holding her medications and Need to evaluate if patient has active synovitis after being off her medications for approximately 4 weeks.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	uploading clinical; This study is being ordered for Inflammatory/ Infectious Disease.; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient has failed multiple biologics & no symptomatic improvements or change. She has upcoming surgery & will be holding her medications and Need to evaluate if patient has active synovitis after being off her medications for approximately 4 weeks.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 from a recent injury.; There is not 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	uploading clinical; This study is being ordered for Inflammatory/ Infectious Disease.; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; It is unknown if the patient has had foot pain for over 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	uploading clinical; This study is being ordered for Inflammatory/ Infectious Disease.; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Rheumatology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 does NOT have acute or chronic back pain.; This study is being requested for Pre-operative evaluation	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Sports Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Sports Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is 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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Sports Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; The patient has a new onset or changing radiculitis / radiculopathy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 6 weeks of completed conservative care in the past 6 months	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Sports Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Sports Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Sports 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 not failed a 4 week course of conservative management in the past 3 months.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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"; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	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 beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	04-16-2021; There has not been any treatment or conservative therapy.; RECTAL CANCER. Change in bowel habits. Rectal itching; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	4/20/21; There has not been any treatment or conservative therapy.; No symptoms, but an abnormal mammo on 4/20 and breast ultrasound on 5/10 showing multiple enlarged lymph nodes.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	5.5 cm right lung base mass, concerning for malignancy; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	9/14/2020; There has been treatment or conservative therapy.; L breast and axillary mass; Neoadjuvant chemotherapy; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Enlarging lesion to a left rib found on chest xray.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Four years ago per clinical notes.; There has been treatment or conservative therapy.; Will upload clinicals.; Excision of mass on thigh which has returned.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	nodule on lower left lung; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	onset of melena and anemia April 2021. Colonoscopy revealed a malignant sigmoid tumor. Pathology positive for adenocarcinoma.; There has not been any treatment or conservative therapy.; melena, anemia, shortness of breath; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Chest pain describes the reason for this request.; This study is being requested for a congenital abnormality; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	unknown; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient describes the pain as stabbing and is continuous, will keep him awake at night. Climbing stairs, standing and walking make the pain worse.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	DJD, neuropathy, low back pain, mid back pain.; 03/23/2021; There has been treatment or conservative therapy.; Low back pain, tspine pain, bulging discs, sciatica; Physical Therapy, TENS unit, medication; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	DJD, neuropathy, low back pain, mid back pain.; 03/23/2021; There has been treatment or conservative therapy.; Low back pain, tspine pain, bulging discs, sciatica; Physical Therapy, TENS unit, medication; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient describes the pain as stabbing and is continuous, will keep him awake at night. Climbing stairs, standing and walking make the pain worse.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	EVALUATE RIGHT INGUINAL HERNIA; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	Hernia, tender; bulging; aching, states he has left ing hernia that causes pain, nausea, vomiting, constipation and diarrhea for last 2 weeks.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	inguinal hernia; 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.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	Left groin pain and intermittent bulge after undergoing a previous bilateral laparoscopic inguinal hernia repair. On exam the patient has significant left groin tenderness as well as a fullness that could be a hernia recurrence or fluid collection. U/S ; 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.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	right groin mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	She has not had any imaging of pelvis. Would recommend further imaging to further evaluate for soft tissue fistulas and/or potential osteomyelitis of the coccyx versus her symptoms being that of coccydynia.; 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."; It is not known if there is a known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Colorectal cancer, staging; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	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 request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	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.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	right groin mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 oordered for infection.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a post op.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	04-16-2021; There has not been any treatment or conservative therapy.; RECTAL CANCER. Change in bowel habits. Rectal itching; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	4/20/21; There has not been any treatment or conservative therapy.; No symptoms, but an abnormal mammo on 4/20 and breast ultrasound on 5/10 showing multiple enlarged lymph nodes.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	9/14/2020; There has been treatment or conservative therapy.; L breast and axillary mass; Neoadjuvant chemotherapy; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Four years ago per clinical notes.; There has been treatment or conservative therapy.; Will upload clinicals.; Excision of mass on thigh which has returned.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	onset of melena and anemia April 2021. Colonoscopy revealed a malignant sigmoid tumor. Pathology positive for adenocarcinoma.; There has not been any treatment or conservative therapy.; melena, anemia, shortness of breath; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	9 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); patient has possible ventral hernia. severe tenderness.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	8 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	12 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray are unknown.; It is unknown if the patient have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; 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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the spleen during a previous CT, MRI or Ultrasound.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	high risk patient; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	HX hyperplasia Life time risk35.3; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Invasive cancer, staging for surgery; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	mammogram and U/S on 3/22/2021 skin thickening punch biopsy performed 4/2/2021 pathology came back benign; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Mammogram and ultrasounds were done on pt; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; It is unknown if there is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient is a new cancer diagnosis; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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).	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	ultrasound findings show a mass in right breast; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Unknown; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Enter answer here - or Type In Unknown If No Info Given. This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; It is not known if MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; It is not known if patient is an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed.; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses."; It is not known if patient has acute pancreatitis.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Patient has severe jaundice, concerning for malignancy. Abnormal recent labs.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	She has extensive hx. Appendectomy May 2020, Repair of internal hernia and small bowel enterotomy July 2020. Lap chole 2002. Hx dilatation GJ stenosis. patient has malnutrition, postsurgical malabsorption, vitamin D, B and Iron deficiency; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient needs MRI MRCP bile duct due to slightly enlarged bile duct-normal LFT; It is not known if there has been any treatment or conservative therapy.; She complains of pain to upper right quadrant that seems to worsen with food intake. Reports difficulty with taking in solid foods at times. She prefers liquids and soup consistency as it "sits better". Denies NV in last few weeks but at times with food i; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 has an altered biliary tract anatomy that precludes ERCP.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Unknown; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	caller states patient was in yesterday; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Concern for possible lymphoma. CT ordered for further evaluation and weight loss, night sweats, and itching.; There has not been any treatment or conservative therapy.; weight loss, night sweats, and itching.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is a 55 year old Caucasian/White male , who presents to follow up after having CTA Bilateral LE with runoff done on 3/25/21. Impression: since July 2019, the right sided femoral pop bypass graft has occluded. There remains 1 vessel runoff to r; There has been treatment or conservative therapy.; Complains of fatigue, and bilateral groin pain; CTA Bilateral LE with runoff done; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	No info; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/30/2121; There has not been any treatment or conservative therapy.; Mass with numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	No info; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/30/2121; There has not been any treatment or conservative therapy.; Mass with numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 MONTHS AGO; There has not been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 trauma or injury.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT DECLINED SURGICAL INTERVENTION. CONTINUES WITH PAIN MANAGEMENT WITH NARCOTICS. PAIN IS NOT RELIEVED AS MUCH AS IT WAS.; PATIENT STARTED ON PAIN MANAGEMENT AFTER HIS MVA BACK IN 2005.; There has been treatment or conservative therapy.; ARTHRITIS ;CHRONIC INTRACTABLE PAIN SYNDROME ;DEGENERATIVE DISC DISEASE;DEGENERATIVE JOINT DISEASE ;ENTHEOSPATHY LUMBAR ;DEGENERATIVE JOINT DISEASE CHRONIC PAIN SYNDROME ;SPINAL STENOSIS LUMBAR;NEUROPATHY; PAIN MANAGEMENT WITH NARCOTICS.;MEDICAL MARIJUANA; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pt had imaging for the pain but nothing working; 5/16/2021; There has been treatment or conservative therapy; back pain also right leg pain; Meds; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not seen the doctor more then once for these symptoms.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT DECLINED SURGICAL INTERVENTION. CONTINUES WITH PAIN MANAGEMENT WITH NARCOTICS. PAIN IS NOT RELIEVED AS MUCH AS IT WAS.; PATIENT STARTED ON PAIN MANAGEMENT AFTER HIS MVA BACK IN 2005.; There has been treatment or conservative therapy.; ARTHRITIS ;CHRONIC INTRACTABLE PAIN SYNDROME ;DEGENERATIVE DISC DISEASE;DEGENERATIVE JOINT DISEASE ;ENTHEOSPATHY LUMBAR ;DEGENERATIVE JOINT DISEASE CHRONIC PAIN SYNDROME ;SPINAL STENOSIS LUMBAR;NEUROPATHY; PAIN MANAGEMENT WITH NARCOTICS.;MEDICAL MARIJUANA; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt had imaging for the pain but nothing working; 5/16/2021; There has been treatment or conservative therapy.; back pain also right leg pain; Meds; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Would recommend further imaging to further evaluate for soft tissue fistulas and/or potential osteomyelitis of the coccyx versus her symptoms being that of coccydynia. Will order MRI of pelvis and plan to see patient back once testing is completed.; This is a request for a Pelvis MRI.; Surgery is not planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; It is not known if surgery is planned for in the next 4 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); hernia eval; There has been an abnormal finding on physical exam.; There is NO recent laboratory results including urinalysis associated with the assessment of the abdominal pain.; The study is being ordered for chronic pain.; This study is being requested for abdominal pain.; The patient has NOT had an Abdominal Ultrasound or other Abdominal imaging.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Concern for possible lymphoma. CT ordered for further evaluation and weight loss, night sweats, and itching.; There has not been any treatment or conservative therapy.; weight loss, night sweats, and itching.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 MONTHS AGO; There has not been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is a 55 year old Caucasian/White male , who presents to follow up after having CTA Bilateral LE with runoff done on 3/25/21. Impression: since july 2019, the right sided femoral pop bypass graft has occluded. There remains 1 vessel runoff to r; There has been treatment or conservative therapy.; Complains of fatigue, and bilateral groin pain; CTA Bilateral LE with runoff done; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	She has extensive hx. Appendectomy May 2020, Repair of internal hernia and small bowel enterotomy July 2020. Lap chole 2002. Hx dilatation GJ stenosis. patient has malnutrition, postsurgical malabsorption, vitamin D, B and Iron deficiency; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient needs MRI MRCP bile duct due to slightly enlarged bile duct-normal LFT; It is not known if there has been any treatment or conservative therapy.; She complains of pain to upper right quadrant that seems to worsen with food intake. Reports difficulty with taking in solid foods at times. She prefers liquids and soup consistency as it "sits better". Denies NV in last few weeks but at times with food i; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	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 Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	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 not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluoro-deoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluoro-deoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Surgery	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgery	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 Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	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.; Post-operative evaluation best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	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."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	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).; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	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; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in th is patient.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	10mm rectal polyp, well-differentiated NET; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Eric Glenn is a 40 y.o. male with multiple anal fistulae. He has undergone several procedures in the past. He currently has two setons in place and other external openings. Given the complex fistulae, we will have to rule out Crohn's disease and we will a; This is a request for a Pelvis MRI.; Surgery is not planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Surgical Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	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 six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Known tumor was noted as an indication for knee imaging	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	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; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; 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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	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 following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	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).	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical 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.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in th is patient.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.; This study is being ordered for evaluation of Morton's Neuroma.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has NOT been performed recently; The ordering MDS speciality is not Cardiology or Cardiac Surgery	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Surgical Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Thoracic Surgery	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the brain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	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.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Thoracic Surgery	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	She underwent a CT of the chest 01/21/2021 which showed a subxiphoid ventral of abdominal mass consistent with granulation tissue surrounding the band in epicardial pacer lead status post coronary artery bypass grafting. There was no fluid collection to ; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The patient is having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Ascending aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This is a request for a heart or cardiac MRI	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdominal arteries.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic 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 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Thoracic Surgery	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	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - RESTAGING BREAST CANCER , LYNCH SYNDROME or Type In Unknown If No Info Given.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		repeat Ct scan head due to head bleed. MRI cervical due to hyperreflexia recommend ruling out central cord compression.; This study is being ordered for trauma or injury.; 05/13/2021; There has not been any treatment or conservative therapy.; headache and right eye issues. She has ongoing left arm pain and issues with using her left thumb and index finger. She cannot pick up things with her left hand.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; 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.; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is a Medicare member.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 with neurologic symptoms/findings best describes the reason that I have requested this test.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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"; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Patient presents today for dental pain x 1 week. He reports he started with a tooth abscess 1 week ago. He reports drainage from tooth, odor, and fever. Fever has resolved. He reports it has spread to his face and has resulted in facial erythema and edema; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	PT HAD A FALL APPROX 3 DAYS AGO. PT SUFFERED A HYPOGLYCEMIA EPISODE AND BLACKED OUT, HITTING FACE ON A HARD SURFACE. PT HAS WORSENING PAIN AND EDEMA OF THE R CHEEK AND R ORBIT SINCE ACCIDENT.; This study is being ordered for trauma or injury.; 5-16-21; It is not known if there has been any treatment or conservative therapy.; EDEMA/PAIN TO R CHEEK AND R ORBIT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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); Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	INITIAL STAGING OF MELANOMA. ORIGINALLY TRIED TO GET PA FOR PET 78815, BUT IT WAS DENIED. REASON: NEEDS CT/MRI FIRST. SO THIS IS THE INITIAL REQ FO CT SCANS/MRI; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 05/20/2021; It is not known if there has been any treatment or conservative therapy.; dizziness and vomiting and motion sickness and no appetite; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 05/20/2021; It is not known if there has been any treatment or conservative therapy.; dizziness and vomiting and motion sickness and no appetite; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for pre-operative evaluation	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	RESTAGING AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Headache, chronic, with new features, progressively worsening, hx of two strokes in the past, her hypertension control has been poor; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Carotid or vertebral dissection suspected ;Chronic dizziness;Reports hx of two strokes in the past; This is a request for a Neck MR Angiography.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moya-moya disease.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	about 10 years ago, she began experiencing midoccipital pressure w/ photosensitivity. "tightness inside on both sides" she occasionally has blurred vision and tearing of eyes occurring twice a month. October 2020 she started having cognitive changes; forg; It is not known if there has been any treatment or conservative therapy.; blurred vision, dizziness tightness and pressure in midoccipital area w/ photosensitivity, forgetfulness; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	INITIAL STAGING OF MELANOMA. ORIGINALLY TRIED TO GET PA FOR PET 78815, BUT IT WAS DENIED. REASON: NEEDS CT/MRI FIRST. SO THIS IS THE INITIAL REQ FO CT SCANS/MRI; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Chronic headache, longer than one month describes the headache's character.	8 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 tumor outside the brain best describes the patient's tumor.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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 seizure disorder best describes the reason that I have requested this test.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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 a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	x-ray done 4/1/21Brain MRI Neurological Disorder; This study is being ordered for a neurological disorder.; Tremor -3/24/21CT 4/2/21; There has been treatment or conservative therapy.; MRI-TremorsCT-extreme shortness of breath; none; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	1/12/2018; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	01/2021; There has been treatment or conservative therapy.; PATIENT FEELING PAIN AND PRESSURE; RADIATION; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	03/19/2020; There has been treatment or conservative therapy.; abdomen pain neuropathy; chemotherapy; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	4/6/2018; There has been treatment or conservative therapy.; Kidney cancer; chemo; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	04/13/2021; There has not been any treatment or conservative therapy.; INITIAL STAGING,DX:ESOPHAGEAL CA-ADENO; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	5/13/2021; There has not been any treatment or conservative therapy.; Malignant melanoma of left upper limb, including shoulderInitial Diagnosis; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	8/27/2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given chemoradiation 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	08/28/2018; There has been treatment or conservative therapy.; COLORECTAL CANCER; RADIATION THERAPY, ADJUVANT CHEMOTHERAPY WITH FOLFOX; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	08/28/2019; There has been treatment or conservative therapy.; Ms. Crawford is here today with reports of feeling fatigued, depressed and has some stomach aches.;;She is also here for follow up for breast cancer. She was taking Aromasin. Her CEA on 09/29/20 was 68.9 and was rechecked on 10/01/20 and was 70. CT; CHEMO;SURGERY; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	08/30/2019; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	9/12/2019; There has been treatment or conservative therapy.; WORSENING DYSPNEA OVER THE LAST 3 MONTHS NOTED ON OFFICE VISIT ON 6/10/21; CHEMOTHERAPY IMBRUVICA COMPLETED ;CALQUESNCE STARTED 2/18/21; 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	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	10/12/20; It is not known if there has been any treatment or conservative therapy.; Night Sweats, 50+ LB weight loss, eval for cancer due to ongoing "B" sxs with no identifiable cause, mild hypercalcemia. Generalized hyperhidrosis.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	12/03/2012; There has been treatment or conservative therapy.; History of Moderately differentiated invasive ductal carcinoma of the left breast, post MRM and sentinel lymph node biopsy. Node negative with ER/PR positive and Her 2 Neu negative. Oncotype DX 16 which was low risk. Her BCI showed low likelihood of be; SURGERY, RADIATION, HORMONE 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	12/3/2020; There has been treatment or conservative therapy.;; Infusional 5FU (no Oxaliplatin) q14d;x12 v6.0; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	12/03/2020; There has been treatment or conservative therapy.; Newly diagnosed rectal cancer, post colonoscopy on 12/3/2020 showing a mass 4 cm from the anal verge extending to about 10 cm from the anal verge. Biopsy was taken and pathology showed Invasive adenocarcinoma, moderately-differentiated. She has seen Dr. ; FOLFOX CHEMO; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	2017; There has been treatment or conservative therapy.; Back pain, last CT 2020; Left nephrectomy 2017, Clinical trial of Sutent alone, currently, immunotherapy w/Opdivo monthly, radiotherapy.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal findings on neck CT; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	13 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; Finding of cancer elsewhere is related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Chest xray shows Mild prominence of the right hilum. Chest CT with IV contrast recommended, given the prominence of the right hilar region. Lymphadenopathy cannot be excluded on radiography.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - RESTAGING BREAST CANCER , LYNCH SYNDROME or Type In Unknown If No Info Given.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	INITIAL STAGING OF MELANOMA. ORIGINALLY TRIED TO GET PA FOR PET 78815, BUT IT WAS DENIED. REASON: NEEDS CT/MRI FIRST. SO THIS IS THE INITIAL REQ FO CT SCANS/MRI; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	JAN 2019; There has been treatment or conservative therapy.; PAIN, NAUSEA; CHEMOTHERAPY; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	MRI cervical was performed stating there is a cystic structure left paraspinal at the T3 level measuring 1.6 x at least 1.6 cm.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Rectal cancer. For subsequent treatment strategy; There has been treatment or conservative therapy.; Rectal cancer. For subsequent treatment strategy.; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	RESTAGING Ovarian, Epithelial Cancer (Gynecologic, Ovarian Cancer) - Clinical Stage IV (AJCC v8); There has been treatment or conservative therapy.; Restaging; Liposomal Doxorubicin (Doxil) 40 mg/m2 IV D1 + Bevacizumab 10mg/kg IV D1,15 Q28D v2.0;Lynparza (olaparib) 300mg PO BID v2.0;Niraparib (Zejula) 200mg PO daily v2.0;NCCN_OVA4: Carboplatin AUCS - Paclitaxel 175mg/m2 D1 q21d x 7 cycles v1.0; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	see chart notes; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Squamous cell carcinoma post left groin lymph node biopsy. ;-CT scan of the abdomen and pelvis on 8/17/2020 showed indeterminate mass at the left groin measuring 5.0 x 3.9 cm. Malignant mass and/or lymphadenopathy are considerations. Prominent lymph no; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There are prominent bilateral supraclavicular and mediastinal;nodes, most conspicuous in the RIGHT paratracheal location. There are prominent;bilateral cervical chain nodes as well. This is nonspecific but often reactive;the patient of this age. This ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	THERE IS A 11 MM IRREGULAR NODULE WITHIN THE LEFT LATERAL COSTPHRENIC SULCUS ON CT 07/2020 AND PET SCAN. THIS IS FOR FOLLOWUP CT; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; 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 study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	x-ray done 4/1/21Brain MRI Neurological Disorder; This study is being ordered for a neurological disorder.; Tremor -3/24/21CT 4/2/21; There has been treatment or conservative therapy.; MRI-TremorsCT-extreme shortness of breath; none; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Yes, the patient was seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; The patient was seen by another type of physician; This is a request for a Chest CT.; This study is beign requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT had a Low Dose CT for Lung Cancer Screening 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 has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 NOT had a Low Dose CT for Lung Cancer Screening 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	17	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT had a Low Dose CT for Lung Cancer Screening 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	6	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	aorta measuring; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Need to assess aneurysm to make sure not worsening.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Tavr; This study is being ordered for Vascular Disease.; aortic stenosis; There has been treatment or conservative therapy.; htn;chest pain;aortic stenosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	TAVR; This study is being ordered for Vascular Disease.; January 2021; There has been treatment or conservative therapy.; severe aortic stenosis; Testing, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	TAVR; This study is being ordered for Vascular Disease.; valve stenosis; There has been treatment or conservative therapy.; sob, stenosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	8	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	RESTAGING AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	post op follow up; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of radiculopathy.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	Multiple thoracic compression fractures seen on thoracic xray; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	see chart note; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting asymmetric reflexes.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; see chart note; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 reflex abnormality.; +1 reflexes, antalgic gait; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Will upload clinicals; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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.; tingling/numbness of both upper and lower extremities, no improvement in symptoms, tends to shake legs constantly due to tingling and numbness, reduced pinprick and vibration sense in a length dependent fashion, concerning for critical illness polyneuropathy; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	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 NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	about 10 years ago, she began experiencing midoccipital pressure w/ photosensitivity. "tightness inside on both sides" she occasionally has blurred vision and tearing of eyes occurring twice a month. October 2020 she started having cognitive changes; forg; It is not known if there has been any treatment or conservative therapy.; blurred vision, dizziness tightness and pressure in midoccipital area w/ photosensitivity, forgetfulness; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	injections; 8/5/2020; There has been treatment or conservative therapy.; radiculopathy , pain ,weakness and numbness; Naiaid, oral, home excising and bracing; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pt has worsening weakness in upper left extremity and worsening upper bilateral extremity paresthesia. Pt states it feels "like an electrical current" Pt reports Numbness, and tingling in both. Left arm seems to be more pronounced. Pt does not remember ha; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 procedure is unknown.; It is unknown if any of these apply to the patient	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Dermatomal sensory changes on physical examination	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Focal upper extremity weakness	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 New symptoms of paresthesia evaluated by a neurologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unknown; Unknown; There has been treatment or conservative therapy.; Weakness all over, neck pain with numbness and tingling in hands, drops things frequently; Physical therapy, gabapentin, tizanidine,magijjuana, TENS unit; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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 NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	MRI Spine - Reason:back pain, bone lesion.; Hypermetabolic osseous metastases in T7, L3, L4, and in the right acetabulum.;Breast Cancer (Breast Cancer) - Pathologic Stage IV; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	new patient with us to be established for care,with lower back pain. He states the pain is aching, burning, cramping, sharp, shooting, throbbing and tingling. On a numerical rating scale, the patient states his pain at its worst is 9 out of 10. At its le; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Patient's symptoms are progressively getting worse over time, and can not live lift independently.; She is having symptoms of spinal stenosis with neurogenic claudication. She gets severe back pain with weakness into her legs with trying walk greater than 100 feet. She has to sit down for her legs to feel better.; There has been treatment or conservative therapy.; She has pain in her upper lumbar spine that radiates over to the right side of her abdomen just about her umbilicus. She states that this pain will cause her breath to be taken away. This has been ongoing for several months. She describes leg weakness onc; She has had injections in her hip which gave some relief, but not long enough.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	PT HAS ONGOING PAIN SOMETIMES SEVERE. PAIN IS TTP OVER T AND L SPINE. PAIN WORSENING; 3/3/2021 OV PT STATED THIS HAPPENED IN JULY OF 2021.;MUSCLE RELAXERS,ORAL STEROIDS, AND IODINE WO RELIEF- PTS SEEN A CHIROPRACTOR WO RELIEF; There has been treatment or conservative therapy.; RIGHT UPPER BACK PAIN, PAIN HAS MOVED ALL OVER SOMETIMES SEVERE PAIN. RADIATES OVER BOTH ARMS/LEGS. TINGLE WAS ON RT SIDE NOW ALL OVER UPPER WHOLE BODY. PT REPORTS ABD FULLNESS,AND NAUSEA. PAIN NOW IS IN LOWER BACK AND PT CANT SLEEP WITHOUT TAKING A MUSCL; PHYSICAL THERAPY ;;3/22/21;3/18/21;3/10/21;3/8/21;;ORAL STEROID, MUSCLE RELAXERS, IODINE. NO RELIEF-;;PREVIOUS CHIROPRACTOR AS THIS HAPPENED IN JULY 2020; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Pt. states that is in a lot of pain sine 04-12-2020 a tree fell into her house and landed on top of her. The Doctor is ordering an MRI of the Lumbar and Thoracic to make sure she doesn't have a Fracture.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; see chart notes	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	TREATMENT PLANNING; 6 + MONTHS; It is not known if there has been any treatment or conservative therapy.; PERSISTANT BACK PAIN SHARP STABBING BURNING PAIN RADIATING TO LOWER EXTEMITIES. WORSENING ACTIVITY, WALKING STANDING ETC.; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	unknown; Unknown; There has been treatment or conservative therapy.; Weakness all over, neck pain with numbness and tingling in hands, drops things frequently; Physical therapy, gabapentin, tizanidine,magijjuana, TENS unit; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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 NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	MRI Spine - Reason:back pain, bone lesion.; Hypermetabolic osseous metastases in T7, L3, L4, and in the right acetabulum.;;Breast Cancer (Breast Cancer) - Pathologic Stage IV; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	new patient with us to be established for care,with lower back pain. He states the pain is aching, burning, cramping, sharp, shooting, throbbing and tingling. On a numerical rating scale, the patient states his pain at its worst is 9 out of 10. At its le; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>Patient's symptoms are progressively getting worse over time, and can not live lift independently.; She is having symptoms of spinal stenosis with neurogenic claudication. She gets severe back pain with weakness into her legs with trying walk greater than 100 feet. She has to sit down for her legs to feel better.; There has been treatment or conservative therapy.; She has pain in her upper lumbar spine that radiates over to the right side of her abdomen just about her umbilicus. She states that this pain will cause her breath to be taken away. This has been ongoing for several months. She describes leg weakness onc; She has had injections in her hip which gave some relief, but not long enough.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>PT HAS ONGOING PAIN SOMETIMES SEVERE. PAIN IS TTP OVER T AND L SPINE. PAIN WORSENING; 3/3/2021 OV PT STATED THIS HAPPENED IN JULY OF 2021.;MUSCLE RELAXERS,ORAL STEROIDS, AND IODINE WO RELIEF- PTS SEEN A CHIROPRACTOR WO RELIEF; There has been treatment or conservative therapy.; RIGHT UPPER BACK PAIN, PAIN HAS MOVED ALL OVER SOMETIMES SEVERE PAIN. RADIATES OVER BOTH ARMS/LEGS. TINGLE WAS ON RT SIDE NOW ALL OVER UPPER WHOLE BODY. PT REPORTS ABD FULLNESS,AND NAUSEA. PAIN NOW IS IN LOWER BACK AND PT CANT SLEEP WITHOUT TAKING A MUSCL; PHYSICAL THERAPY ;;3/22/21;3/18/21;3/10/21;3/8/21;;ORAL STEROID, MUSCLE RELAXERS, IODINE. NO RELIEF-;;PREVIOUS CHIROPRACTOR AS THIS HAPPENED IN JULY 2020; This study is being ordered for Other</p>	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>Pt has worsening weakness in upper left extremity and worsening upper bilateral extremity paresthesia. Pt states it feels "like an electrical current" Pt reports Numbness, and tingling in both. Left arm seems to be more pronounced. Pt does not remember ha; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt. states that is in a lot of pain sine 04-12-2020 a tree fell into her house and landed on top of her. The Doctor is ordering an MRI of the Lumbar and Thoracic to make sure she doesn't have a Fracture.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	significant spurring in c spine, eval for compression; 03/02/2021; There has been treatment or conservative therapy.; Pt has pain, burning and sharp quality radiating to the left thigh.; Pt had PT, anti intiflamatories, narcotic pain meds.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Known or suspected tumor with or without metastasis	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	19 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	21 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 nerve study (EMG) involving the lumbar spine; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Follow-up to spine injection in the past 6 months	5 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Focal extremity weakness	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	9	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	TREATMENT PLANNING; 6 + MONTHS; It is not known if there has been any treatment or conservative therapy.; PERSISTANT BACK PAIN SHARP STABBING BURNING PAIN RADIATING TO LOWER EXTEMITIES. WORSENING ACTIVITY, WALKING STANDING ETC.; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72192 Computed tomography, pelvis; without contrast material	Negative ultrasound. CT scan needed to evaluate for inguinal hernia.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Original diagnosis in 2017 of prostate cancer, stage IVB, adenocarcinoma. Scan is to evaluate pelvic pain w/hx of prostate cancer.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	patient has history of colon cancer with a new mass showing on ultrasound pelvis; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	RESTAGING AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	SACRO ILIAC PAIN; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	see chart notes; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Squamous cell carcinoma post left groin lymph node biopsy. ;CT scan of the abdomen and pelvis on 8/17/2020 showed indeterminate mass at the left groin measuring 5.0 x 3.9 cm. Malignant mass and/or lymphadenopathy are considerations. Prominent lymph no; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle.; The ordering physician is an orthopedist.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in the bladder.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in the ovary.; A tumor or mass was noted on previous imaging.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	trauma, pain with defecation, paresthesias bilateral legs; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the sacrum.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Around Feb. 15, 2021; There has been treatment or conservative therapy.; Arm pain with stretching and raising arm.; X-Ray that was negative;PT/OT pt. states the stretches made the pain worse.; Steroid/Tramadol.;Heat/Ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The patient is a 53-year-old male here today with several weeks of left elbow pain after trying to lift an object and feeling a pop in the elbow. Exam and history and ultrasound is consistent with a distal biceps tendon tear. Plan today is to order an M; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; PT WAS GIVEN CYCLOBENZAPRINE AND NAPROXEN, STRETCHING EXERCISES, RANGE OF MOTION EXERCISES WITHOUT RELIEF; The patient received oral analgesics.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; stretches; The patient received medication other than joint injections(s) or oral analgesics.; nsais/pain relievers and oral steroids	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a Medicare member.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; There is a suspicion of fracture not adequately determined by x-ray.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; The patient has used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	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.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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 Knee CT; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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 Knee CT; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Patient has a chronic disease and chronic pain that has been over 1 year and treatment to be greater than 1 year further treatment. With history of Paget's disease.; This study is being ordered for Inflammatory/ Infectious Disease.; atient has a chronic disease and chronic pain that has been over 1 year and treatment to be greater than 1 year further treatment. With history of Paget's disease.; 1 month follow-up after her initial visit. Patient was seen 1 month ago and at that time ; There has been treatment or conservative therapy.; ; Paget's disease and IVC chronic opioid pain management.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	There is a pulsaitile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 oorderd for infection.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 oorderd 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for neuroma.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	13 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 member has a recent injury.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	Squamous cell carcinoma post left groin lymph node biopsy. ;-CT scan of the abdomen and pelvis on 8/17/2020 showed indeterminate mass at the left groin measuring 5.0 x 3.9 cm. Malignant mass and/or lymphadenopathy are considerations. Prominent lymph no; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 being ordered for a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 experiencing hematuria.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if there is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of renal mass.; It is unknown what is suggested the suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Something other than the spleen, liver or kidney is enlarged.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Tavr; This study is being ordered for Vascular Disease.; aortic stenosis; There has been treatment or conservative therapy.; htn;chest pain;aortic stenosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	TAVR; This study is being ordered for Vascular Disease.; January 2021; There has been treatment or conservative therapy.; severe aortic stenosis; Testing, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	TAVR; This study is being ordered for Vascular Disease.; valve stenosis; There has been treatment or conservative therapy.; sob, stenosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	1/12/2018; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	01/2021; There has been treatment or conservative therapy.; PATIENT FEELING PAIN AND PRESSURE; RADIATION; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	03/19/2020; There has been treatment or conservative therapy.; abdomen pain neuropathy; chemotherapy; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	4/6/2018; There has been treatment or conservative therapy.; Kidney cancer; chemo; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	04/13/2021; There has not been any treatment or conservative therapy.; INITIAL STAGING,DX:ESOPHAGEAL CA-ADENO; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	5/13/2021; There has not been any treatment or conservative therapy.; Malignant melanoma of left upper limb, including shoulderInitial Diagnosis; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	8/27/2019; There has been treatment or conservative therapy. ; Describe primary symptoms here - or Type In Unknown If No Info Given chemoradiation 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	08/28/2018; There has been treatment or conservative therapy. ; COLORECTAL CANCER; RADIATION THERAPY, ADJUVANT CHEMOTHERAPY WITH FOLFOX; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	08/28/2019; There has been treatment or conservative therapy. ; Ms. Crawford is here today with reports of feeling fatigued, depressed and has some stomach aches. ;;She is also here for follow up for breast cancer. She was taking Aromasin. Her CEA on 09/29/20 was 68.9 and was rechecked on 10/01/20 and was 70. CT; CHEMO;SURGERY; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	08/30/2019; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	9/12/2019; There has been treatment or conservative therapy.; WORSENING DYSPNEA OVER THE LAST 3 MONTHS NOTED ON OFFICE VISIT ON 6/10/21; CHEMOTHERAPY IMBRUVICA COMPLETED ;CALQUESNCE STARTED 2/18/21; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	10/12/20; It is not known if there has been any treatment or conservative therapy.; Night Sweats, 50+ LB weight loss, eval for cancer due to ongoing "B" sxs with no identifiable cause, mild hypercalcemia. Generalized hyperhidrosis.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/03/2012; There has been treatment or conservative therapy.; History of Moderately differentiated invasive ductal carcinoma of the left breast, post MRM and sentinel lymph node biopsy. Node negative with ER/PR positive and Her 2 Neu negative. Oncotype DX 16 which was low risk. Her BCI showed low likelihood of be; SURGERY, RADIATION, HORMONE 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/3/2020; There has been treatment or conservative therapy.; ; Infusional 5FU (no Oxaliplatin) q14d;x12 v6.0; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/03/2020; There has been treatment or conservative therapy.; Newly diagnosed rectal cancer, post colonoscopy on 12/3/2020 showing a mass 4 cm from the anal verge extending to about 10 cm from the anal verge. Biopsy was taken and pathology showed Invasive adenocarcinoma, moderately-differentiated. She has seen Dr. ; FOLFOX CHEMO; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	2017; There has been treatment or conservative therapy.; Back pain, last CT 2020; Left nephrectomy 2017, Clinical trial of Sutent alone, currently, immunotherapy w/Opdivo monthly, radiotherapy.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - RESTAGING BREAST CANCER , LYNCH SYNDROME or Type In Unknown If No Info Given.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	INITIAL STAGING OF MELANOMA. ORIGINALLY TRIED TO GET PA FOR PET 78815, BUT IT WAS DENIED. REASON: NEEDS CT/MRI FIRST. SO THIS IS THE INITIAL REQ FO CT SCANS/MRI; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	JAN 2019; There has been treatment or conservative therapy.; PAIN, NAUSEA; CHEMOTHERAPY; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Rectal cancer. For subsequent treatment strategy; There has been treatment or conservative therapy.; Rectal cancer. For subsequent treatment strategy.; ; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RESTAGING Ovarian, Epithelial Cancer (Gynecologic, Ovarian Cancer) - Clinical Stage IV (AJCC v8); There has been treatment or conservative therapy.; Restaging; Liposomal Doxorubicin (Doxil) 40 mg/m2 IV D1 + Bevacizumab 10mg/kg IV D1,15 Q28D v2.0;Lynparza (olaparib) 300mg PO BID v2.0;Niraparib (Zejula) 200mg PO daily v2.0;NCCN_OVA4: Carboplatin AUCS - Paclitaxel 175mg/m2 D1 q21d x 7 cycles v1.0; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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.; Yes this is a request for a Diagnostic CT ; 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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); spleen bleed; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; It is unknown if the patient have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; It is unknown if the patient have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	15 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; 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 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 pre-operative evaluation.; It is not known if surgery is planned for within 30 days.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	; This study is being ordered for Vascular Disease.; 10/21/2020; There has been treatment or conservative therapy.; Chest pain , shortness of breath; medication therapy for heart failure and heart disease. Cardiac Catherization; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This is a request for a heart or cardiac MRI	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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)	Tavr; This study is being ordered for Vascular Disease.; aortic stenosis; There has been treatment or conservative therapy.; htn;chest pain;aortic stenosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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)	TAVR; This study is being ordered for Vascular Disease.; January 2021; There has been treatment or conservative therapy.; severe aortic stenosis; Testing, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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)	TAVR; This study is being ordered for Vascular Disease.; valve stenosis; There has been treatment or conservative therapy.; sob, stenosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Lexiscan myocardial perfusion study which is clinically negative, electrocardiographically non-diagnostic due to left bundle branch block and radiographically negative for stress induced ischemia. There is evidence of a small, mild distal apical anterior; 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the abdominal arteries.	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Elevated risk of breast cancer; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. ; This is a request for Breast MRI.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	none Given; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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 following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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 following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Unknown	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).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 patient does not have a clinical risk of osteoporosis or osteopenia.; The patient is post-menopausal or estrogen deficient.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	RESTAGING AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	RESTAGING; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	needing knee surgery has significant cardiac hx can't have surgery until they clear her 2019 40% blockage in heart 2014 stent; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has not been any treatment or conservative therapy.; shortness of breath hypertension insomnia chest pain dizziness on exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; 10/21/2020; There has been treatment or conservative therapy.; Chest pain , shortness of breath; medication therapy for heart failure and heart disease. Cardiac Catheterization; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Dyspnea on exertion, left precordial chest pain. History of cardiomyopathy; This study is being ordered for Vascular Disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; dyspnea on moderate exertion, moderate severity, subsiding within 2 to 3 minutes post exercise cessation. Patient describes no other associated symptoms. The only means to avoid such is to prevent this level of physical activity. Patient also experiences; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Evaluation of CAD - please see notes for further information.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	history of hypertension, hyperlipidemia, impaired fasting glucose and also recent CVA with residual left-sided hemiparesis who was referred to establish cardiovascular care due to multiple risk factors and CVA at the young age. Also reports new onset DOE ; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has had an exercise treadmill stress test and they are still symptomatic with chest pain requesting nm stress to eval; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Chronic back pain with difficulty ambulating. Cannot exercise on a treadmill. Rule out underlying ischemia. Two-dimensional echocard; This study is being ordered for Congenital Anomaly.; 01/06/2021; There has been treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion; continued medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering Mds specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The is patient being started on or is already on another medication not listed above; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient is On continuous oxygen therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; None of the above apply to this patient	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); The ordering MDs specialty is not Cardiology or Cardiac Surgery	3	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	8	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is requested for congestive heart failure.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy has NOT substantiated the cancer type	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy has NOT substantiated the cancer type	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for another solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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; 01/14/2021; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Date of onset is within the last 6 months; The patient recently suffered either a CVA or TBI; n/a; n/a; 06/15/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; golden functional feeding evaluation; 40; 01/29/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	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; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Dysphagia; The patient has not recently suffered either a CVA or TBI; none; none; 06/17/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 05/06/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; 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 disease.; It has been at least 24 months since the last echocardiogram was performed.; The patient has high blood pressure	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This is 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	81 year old lady with angina, CAD by CTCS, hyperlipidemia with statin intolerance, CKD Stage 3a, and GERD. She had an EKG with her PCP later last year and it showed some mild changes that were concerning Will re-check EKG today and check Echo to assess EF; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is 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 disease.; It has been at least 24 months since the last echocardiogram was performed.; The patient has high blood pressure	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	CHEST PAIN, history of hypertension, hyperlipidemia, atrial fibrillation, COPD, History of transient ischemic attack; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Clearance for surgery of a different type.; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	EKG; ;Sinus bradycardia ;Minimal voltage criteria for LVH, may be normal variant ;Borderline ECG ;When compared with ECG of 12-FEB-2021 01:59,;Syncope situational vasovagal; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Follow-up echocardiogram to reassess previously documented abnormalities.; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	needing knee surgerypt has significant cardiac hx can't have surgery until they clear her 2019 40% blockage in heart 2014 stent; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has not been any treatment or conservative therapy.; shortness of breath hypertension insomnia chest pain dizziness on exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	New patient; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea on mild-to-moderate exertion, not a good candidate for treadmill. Rule out underlying ischemia. Two-dimensional echocardiographic Doppl; This study is being ordered for Congenital Anomaly.; 12/28/2020; It is not known if there has been any treatment or conservative therapy.; chest pain, dyspnea on exertion, shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 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 post operative evaluation.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	5	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	3 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an evaluation of new or changing symptoms of valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	9 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	11 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	12 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	24 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It is unknown if it has been at least 24 months since the last echocardiogram was performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	53 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Enter answer here - or Type In Unknown If No Info Given. 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	16	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/17/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/26/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	05/27/2021; 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; Physical Therapy; 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; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/28/2021; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 05/17/2021; 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; LESS; 84; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Enter name of tool here Enter score here Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>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; 06/09/2021; No patient history 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; Functional Disability Scale; 3%; The anticipated number of visits is other than 2.; OSWESTRY; 38%; The anticipated number of visits is other than 2.; 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 hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 03/01/2021; No patient history 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: ; ; Enter score here The anticipated number of visits is other than 2.; Three or more visits anticipated; OSWESTRY; 60; The anticipated number of visits is other than 2.; 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; 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; Mild or moderate functional deficits due to lumbopelvic impairments with distal	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 05/11/2021; No patient history 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: ; manuel muscle range of motion and pain scale; 23; The anticipated number of visits is other than 2.; Three or more visits anticipated; manuel muscle trunk mobility and pain scale; 23; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body 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; 05/07/2021; 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; 56; 56; Moderate; Enter name of tool here 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; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 04/01/2021; No patient history in the past 90 days; Evaluation dates less 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; SPADY SHOULDER DISABILITY INDEX; 26; Non-Surgical; The anticipated number of visits is other than 2.; Enter score here ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 04/08/2021; No patient history 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; UNKNOWN; UNKNOWN; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is being treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee; 04/20/2021; 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; LEFS; 0; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	1 2021	Apr-Jun 2021



				<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 03/10/2021; No patient history in the past 90 days; Evaluation dates less 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; Upper extremity; 40; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested</p>	<p>1 2021</p>	<p>Apr-Jun 2021</p>
<p>4/1/2021 - 6/30/2021 4/1/2021</p>	<p>Unknown</p>	<p>Approval</p>		<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part for first pass is Shoulder; 04/21/2021; No patient 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 Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; ; Enter score here Non-Surgical; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	<p>1 2021</p>	<p>Apr-Jun 2021</p>



4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part for first pass is Shoulder; 05/27/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/27/2021; surgical procedure; 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; Enter name of tool here Enter score here Post-Op; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not</p>	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 12/09/2020; No patient history in the past 90 days; Evaluation dates less 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; in house evaluation; 70%; Non-Surgical; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated</p>	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/29/2021; No patient history 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; unknown; unknown; The 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.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/21/2021; 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; LYSHOLM KNEE SCALE; 66/100; 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: 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/13/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY; 48; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/08/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; 48%; The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Oswestry; Enter score here The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/17/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; Enter score here The 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 functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; low back disability index; 50%; The 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 02/22/2021; 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; 42; NECK DISABILITY INDEX; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/14/2021; 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; ; Enter score here 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: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/07/2021; 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; NONE; HEAD: DIZZINESS HANDICAPPED INVENTORY; 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 symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/17/2021; 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; 50; Enter name of tool here 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/18/2021; 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; caller unsure; caller unsure; 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 impariments 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/21/2021; 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; 38%; NBI; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 06/17/2021; 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; n/a; BOT 2; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; n/a; n/a; 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	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/18/2021; No patient history in the past 90 days; Evaluation dates less 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; unknown; 15; 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 and functional deficits without instability: 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 clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/29/2021; No patient history in the past 90 days; Evaluation dates less 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; Quick Dash; 12%; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/06/2021; No patient history in the past 90 days; Evaluation dates less 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; none; 15; 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 moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/10/2021; No patient history in the past 90 days; Evaluation dates less 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; quick dash; 68%; 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 and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/14/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/02/2021; Bankart and SLAP repair-left side; 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; quick dash; 20%; Post-Op; 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: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/01/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/18/2021; Knee Surgery; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Womak; 25; 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; 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 clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021 4/1/2021	Unknown	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/02/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/09/2021; unknown; 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.; unknwn; unknown; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021 4/1/2021	Unknown	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/08/2021; No patient history in the past 90 days; Evaluation dates less 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; CALLER UNSURE; caller unsure; 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 moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		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; 04/30/2021; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/12/2021; grafting skin; Post-Op; Hand 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 Hand request: ; barktel; 60%; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; barktel; 60%; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: ; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY			1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Pt needing CT Head due to memory loss. Pt needing CT C-spine due to worsening neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAD A FALL APPROX 3 DAYS AGO. PT SUFFERED A HYPOGLYCEMIA EPISODE AND BLACKED OUT, HITTING FACE ON A HARD SURFACE. PT HAS WORSENING PAIN AND EDEMA OF THE R CHEEK AND R ORBIT SINCE ACCIDENT.; This study is being ordered for trauma or injury.; 5-16-21; It is not known if there has been any treatment or conservative therapy.; EDEMA/PAIN TO R CHEEK AND R ORBIT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Will fax; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 05/10/21; There has not been any treatment or conservative therapy.; discoloration to the right hand.; Pain and numbness to the right had and forearm.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the Neck.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Other optic neuritis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Other optic neuritis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs speciality is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Changing neurologic symptoms best describes the reason that I have requested this test.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	6 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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).; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	6/27/2018; There has been treatment or conservative therapy.; NEW ENLARGING LYMPH NODE SEEN ON CHEST XRAY; CHEMO; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	11/30/2017; There has been treatment or conservative therapy.; FDG AVID PULMONARY NODULES IN RIGHT LOWER LOBE SEEN ON PET SCAN DONE 1/7/21; CHEMO AND RADIATION; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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).; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	questionable q waves in v1 and v2; abnormal ecg/ekg; shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	71250 Computed tomography, thorax, without contrast material	Radiology Services Denied Not Medically Necessary	see chart note; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	sig. weight loss, smoker for 40 yrs, family hist of lung cancer.; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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 has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Vascular Disease.; 05/10/21; There has not been any treatment or conservative therapy.; discoloration to the right hand.; Pain and numbness to the right had and forearm.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	None; This study is being ordered for Congenital Anomaly.; 29-year-old white female who was diagnosed as having hypertension at age 17. Patient complains of moderate to severe dyspnea on mild to moderate exertion, subsiding within 3 minutes post exercise cessation. Patient describes no other associated symptoms.; There has not been any treatment or conservative therapy.; 29-year-old white female who was diagnosed as having hypertension at age 17. Patient complains of moderate to severe dyspnea on mild to moderate exertion, subsiding within 3 minutes post exercise cessation. Patient describes no other associated symptoms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 patient had covid in March and was in hospital 3 weeks she has been on oxygen since being in hospital. She is still on oxygen 3 liters and is still short of breath with or without oxygen. It is worse without the oxygen so she is wearing oxygen 24/7. ; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	cervical radiculopathy and abnormal imaging; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	following closed displaced fracture cervical spine; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pt needing CT Head due to memory loss. Pt needing CT C-spine due to worsening neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; neck pain traveling down to the thoracic spine into the lumbar. left posterior leg pain and numbness in left foot; Back brace for fracture; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; neck pain traveling down to the thoracic spine into the lumbar. left posterior leg pain and numbness in left foot; Back brace for fracture; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 03/30/2021; There has been treatment or conservative therapy.; neck pain and bilateral arm pain through the hands generally with pain, numbness, tingling. She describes this through lateral aspect to the thumb (C6) mostly. She reports dexterity issues, grip weakness, and dropping objects.;She has increased LBP with ; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; continued pain at right lower back, pain radiating into the RLE for weeks, legs feel weak, lumbar film showed DJD, radiating pain in to the right thigh, no improvement with home exercise therapy; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Patient with increasing lower l/s spine, had surgery 2017 fusion with metal.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; It is not known when surgery is scheduled.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; neck pain traveling down to the thoracic spine into the lumbar. left posterior leg pain and numbness in left foot; Back brace for fracture; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for Inflammatory / Infectious Disease	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; Lower back pain began years ago.; There has not been any treatment or conservative therapy.; A pinching sensation, history of herniated disc, numbness to right arm and left for 1 week.; This study is being ordered for Other	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; SHE REPORTS ONSET OF PAIN GRADUALLY OVER TIME; There has been treatment or conservative therapy.; NECK PAIN NOW RADIATING TO LOWER UPPER EXT WITH NUMBNESS TO LEFT INDEX FINGER AND THUMB.;MRI OF LSPINE (08/11/2016) REVEALED L4-L5 DISC DEISCATION ANNULAR TEAR AND BROAD ANNULAR DISC BULGING WITH CENTRAL DISC BULGDING PRODUCING IMPRESSION UPON THE THECAL; TREATED WITH PAIN MANAGEMENT CLINIC WITH HYDROCODONE 5MG-ACTAMINOPHEN 325 MG TABLETS ONE TABLET EVERY EIGHT HOURS, MELOXICAM 15MG ONE TABLET ONCE A DAY, CYCLOBENZAPRINE 10MG TABLET EVERY NIGHT FOR 30 THIRTY DAYS ;ALSO HAS HAD TWO SI JOINT INJECTIONS SHE ; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs speciality is NOT Neurological Surgery or Orthopedics	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 03/30/2021; There has been treatment or conservative therapy.; neck pain and bilateral arm pain through the hands generally with pain, numbness, tingling. She describes this through lateral aspect to the thumb (C6) mostly. She reports dexterity issues, grip weakness, and dropping objects.;She has increased LBP with ; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 / Injury; The ordering MDs speciality is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Has lower back pain, mid back pain, shoulder pain and upper back pain, neck pain, radiates to the right arm, left arm, right hand/fingers and left hand/fingers. She states the pain is aching, burning, deep and dull; several years; There has been treatment or conservative therapy.; neck pain, radiates to the right arm, left arm, right hand/fingers and left hand/fingers. She states the pain is aching, burning, deep and dull AND also complains of lower back pain, mid back pain, shoulder pain and upper back pain; physical therapy, pain meds,xrays; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	HE HAS BEEN SEEING DR PIESCHEL FOR THE LAST 2 YEARS, AND SEEING DR MAGNESS SINCE 2005 FOR PAIN MANAGMENT HX OF 3 WRECKES, AFFECTING HIS C SPINE, HAS SPINAL STENOSIS , ALSO HAS HAS L/S SPINE PAIN. Patient has degenerative disc disease in lumbar and cervi; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	He states;the pain is aching, burning, cramping, deep, sharp and throbbing. On a numerical rating scale, the patient;states his pain at its worst is 10 out of 10; This study is being ordered for trauma or injury.; 05-2-2018; There has been treatment or conservative therapy.; complains primarily of neck pain.; Ankle Pain, Elbow Pain, Foot Pain, Hip Pain, Knee Pain, Leg Pain and Lower Back Pain; Professional caregivers seen in the past include family physician, neurologist and general surgeon. Prior Tests;Performed: x-rays, ct scan, mri, bone scan and ultrasound Pain Medicines: otc medicines (tylenol, acetaminophen), codeine, tylenol #3, #4, hyd; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Hx of DDD. Lower back pain. Neck pain. Left upper extremity weakness, bilateral upper extremity paresthesia, everical degenerative disc disease.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had a MVA in 2009 in which he began to have neck and back pain. His pain is increasing to the point where he is at times unable to lift his arm and unable to walk without difficulties.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	repeat Ct scan head due to head bleed. MRI cervical due to hyperreflexia recommend ruling out central cord compression.; This study is being ordered for trauma or injury.; 05/13/2021; There has not been any treatment or conservative therapy.; headache and right eye issues. She has ongoing left arm pain and issues with using her left thumb and index finger. She cannot pick up things with her left hand.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	RESTAGING; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	significant spurring in c spine, eval for compression; 03/02/2021; There has been treatment or conservative therapy.; Pt has pain, burning and sharp quality radiating to the left thigh.; Pt had PT, anti inflatamotories, narcotic pain meds.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Dermatomal sensory changes on physical examination	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	7 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 patient does not have any of the above listed items; It is not known if the pain began within the past 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	8 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	10 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Weakness in legs, back pain that radiates to lower extremities.; 4/2017; There has not been any treatment or conservative therapy.; Bilateral lower extremity weakness and numbness.; This study is being ordered for Neurological Disorder ; ; There has been treatment or conservative therapy.; ; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Epidural steroid injection into cervical spine with fluoroscopic guidance. ;Other Complaints: primarily of neck pain. In addition, All Joints/Arthritis Pain, Arm Pain, Head Pain, Hip Pain, Leg Pain, Lower Back Pain, Mid;Back Pain, Upper Back Pain, Ne; 09-16-2019; There has been treatment or conservative therapy.; mid back pain, right shoulder, left shoulder, right arm, left arm, right hand/fingers, right hip, back of the right leg and side of the right leg.;the pain is aching, burning, deep, dull, numbing, sharp, shooting, throbbing and tingling.; Epidural Steroid Injection-08-25-2020;;home exercise program;;current pain medications; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	RESTAGING; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	SEE CLINICAL; 01/2021; There has been treatment or conservative therapy.; EDEMA IN LEGS, SCIATICA RIGHT SIDED, R LEG LEG PAIN, R LOWER EXT WEAKNESS, FATIGUE, DIFF WALKING; PHYSICAL THERAPY, MEDICATION THERAPY, REST.; This study is being ordered for Inflammatory / Infectious Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; PATIENT HAS CHRONIC T SPINE PAIN AND HAS COMPLETED 6 WEEKS P/T W/O IMPROVEMENT. PAIN IS WORSENING	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; See records attached	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; SEE CHART NOTES/NSAIDS; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; RANGE OF MOTION EXERCISES/SEE CHART NOTES	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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?	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Weakness in legs, back pain that radiates to lower extremities.; 4/2017; There has not been any treatment or conservative therapy.; Bilateral lower extremity weakness and numbness.; This study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for Neurological Disorder	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 study is being ordered for Inflammatory / Infectious Disease	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; Lower back pain began years ago.; There has not been any treatment or conservative therapy.; A pinching sensation, history of herniated disc, numbness to right arm and left for 1 week.; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; SHE REPORTS ONSET OF PAIN GRADUALLY OVER TIME; There has been treatment or conservative therapy.; NECK PAIN NOW RADIATING TO LOWER UPPER EXT WITH NUMBNESS TO LEFT INDEX FINGER AND THUMB.;MRI OF LSPINE (08/11/2016) REVEALED L4-L5 DISC DEISCATION ANNULAR TEAR AND BROAD ANNULAR DISC BULGING WITH CENTRAL DISC BULDGING PRODUCING IMPRESSION UPON THE THECAL; TREATED WITH PAIN MANAGEMENT CLINIC WITH HYDROCODONE 5MG-ACTAMINOPHEN 325 MG TABLETS ONE TABLET EVERY EIGHT HOURS, MELOXICAM 15MG ONE TABLET ONCE A DAY, CYCLOBENZAPRINE 10MG TABLET EVERY NIGHT FOR 30 THIRTY DAYS ;ALSO HAS HAD TWO SI JOINT INJECTIONS SHE ; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 4/9/2021; There has been treatment or conservative therapy.; Sacroiliac joint pain, trochanteric bursitis of right hip; course of Prednisone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Pain has come about over time. Pain in bilateral knees has caused the pain to radiate up to the lumbar region.; There has been treatment or conservative therapy.; f bilateral knee pain. Reports the right genicular block provided relief for a few days but;then the pain returned to baseline. Reports that the left genicular block did not provide any relief and her left;knee pain has worsened.; Pt. has had Genicular Block RFA on right and left only helping for a short time. PT has helped a little.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 / 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Epidural steroid injection into cervical spine with fluoroscopic guidance. ;Other Complaints: primarily of neck pain. In addition, All Joints/Arthritis Pain, Arm Pain, Head Pain, Hip Pain, Leg Pain, Lower Back Pain, Mid;Back Pain, Upper Back Pain, Ne; 09-16-2019; There has been treatment or conservative therapy.; mid back pain, right shoulder, left shoulder, right arm, left arm, right hand/fingers, right hip, back of the right leg and side of the right leg,,the pain is aching, burning, deep, dull, numbing, sharp, shooting, throbbing and tingling.; Epidural Steroid Injection-08-25-2020;;home exercise program;;current pain medications; This study is being ordered for Neurological Disorder	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Has lower back pain, mid back pain, shoulder pain and upper back pain, neck pain, radiates to the right arm, left arm, right hand/fingers and left hand/fingers. She states the pain is aching, burning, deep and dull; several years; There has been treatment or conservative therapy.; neck pain, radiates to the right arm, left arm, right hand/fingers and left hand/fingers. She states the pain is aching, burning, deep and dull AND also complains of lower back pain, mid back pain, shoulder pain and upper back pain; physical therapy, pain meds,xrays; This study is being ordered for Other	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	HE HAS BEEN SEEING DR PIESCHEL FOR THE LAST 2 YEARS, AND SEEING DR MAGNESS SINCE 2005 FOR PAIN MANAGMENT HX OF 3 WRECKS, AFFECTING HIS C SPINE, HAS SPINAL STENOSIS , ALSO HAS HAS L/S SPINE PAIN. Patient has degenerative disc disease in lumbar and cervi; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	He states;the pain is aching, burning, cramping, deep, sharp and throbbing. On a numerical rating scale, the patient;states his pain at its worst is 10 out of 10; This study is being ordered for trauma or injury.; 05-2-2018; There has been treatment or conservative therapy.; complains primarily of neck pain.; Ankle Pain, Elbow Pain, Foot Pain, Hip Pain, Knee Pain, Leg Pain and Lower Back Pain; Professional caregivers seen in the past include family physician, neurologist and general surgeon. Prior Tests;Performed: x-rays, ct scan, mri, bone scan and ultrasound Pain Medicines: otc medicines (tylenol, acetaminophen), codeine, tylenol #3, #4, hyd; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Hx of DDD. Lower back pain. Neck pain. Left upper extremity weakness, bilateral upper extremity paresthesia, everical degenerative disc disease.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	injections; 8/5/2020; There has been treatment or conservative therapy.; radiculopathy , pain ,weakness and numbness; Naiad, oral, home excising and bracing; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had a MVA in 2009 in which he began to have neck and back pain. His pain is increasing to the point where he is at times unable to lift his arm and unable to walk without difficulties.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	RESTAGING; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	SEE CLINICAL; 01/2021; There has been treatment or conservative therapy.; EDEMA IN LEGS, SCIATICA RIGHT SIDED, R LEG LEG PAIN, R LOWER EXT WEAKNESS, FATIGUE, DIFF WALKING; PHYSICAL THERAPY, MEDICATION THERAPY, REST,; This study is being ordered for Inflammatory / Infectious Disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	46	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Abnormal Reflexes	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 paresthesia evaluated by a neurologist	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	23 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Sacroccocygeal disorders and Sacroillitis; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Will upload clinicals; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Will upload clinicals.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	DIAGNOSED W/PSORIATIC ARTHRITIS AT AGE 16. NEVER HAD IMAGING DONE FOR IT. HAS SEEN RHEUMATOLOGIS BEFORE, BUT NOT CURRENTLY SEEING ANYONE. TAKES IBUPROFEN DAILY TO HELP WITH PAIN; This study is being ordered for Inflammatory/ Infectious Disease.; DIAGNOSED AT AGE 16 - APPROX 2004; There has been treatment or conservative therapy.; MULTIPLE JOINT PAIN - INCLUDING HANDS; MEDICATION - IUBURPOFEN/NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 trauma or injury.; Around Feb. 15, 2021; There has been treatment or conservative therapy.; Arm pain with stretching and raising arm.; X-Ray that was negative;PT/OT pt. states the stretches made the pain worse. ;Steroid/Tramadol.;Heat/Ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	Patient has had S/P Left Ulnar and Radial nerve block #1, reports over 80% relief in pain from procedure, PNS trial, medication, physical therapy, home exercise program, heat, ice and massage therapy and still continues to have pain and discomfort; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years; There has been treatment or conservative therapy.; arm pain, radiates to left shoulder left arm and left hand and fingers, pain is cramping, sharp, shooting and tingling; S/P Left Ulnar and Radial nerve block #1, reports over 80% relief in pain from procedure, PNS trial, medication, physical therapy, home exercise program, heat, ice and massage therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has had S/P Left Ulnar and Radial nerve block #1, reports over 80% relief in pain from procedure, PNS trial, medication, physical therapy, home exercise program, heat, ice and massage therapy and still continues to have pain and discomfort; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years; There has been treatment or conservative therapy.; arm pain, radiates to left shoulder left arm and left hand and fingers, pain is cramping, sharp, shooting and tingling; S/P Left Ulnar and Radial nerve block #1, reports over 80% relief in pain from procedure, PNS trial, medication, physical therapy, home exercise program, heat, ice and massage therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt complains of what she believes is a ganglion cyst on left wrist. She has pain in wrist and in hand during usage. When resting there is no pain.; 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	RESTAGING AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	She continues have moderate wrist soreness and discomfort, this seems to be limiting her activity. She also continues have volar soreness over the thumb CMC joint, it is unclear the etiology of this however she did have a setback episode early in her reco; 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.; It is not known if the plain films were abnormal.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; RANGE OF MOTION EXERCISES; The patient received medication other than joint injections(s) or oral analgesics.; NSAIDS	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the patient has 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI; The request is for shoulder pain; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; There is a suspicion of fracture not adequately determined by x-ray.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not from a recent injury, old injury, chronic pain or a mass.	4	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; around March 9 2021; There has been treatment or conservative therapy.; pain, swelling; analgesics, steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Pain has come about over time. Pain in bilateral knees has caused the pain to raadeite up to the lumbar region.; There has been treatment or conservative therapy.; f bilateral knee pain. Reports the right genicular block provided relief for a few days but;then the pain returned to baseline. Reports that the left genicular block did not provide any relief and her left;knee pain has worsened.; Pt. has had Genicular Block RFA on right and left only helping for a shout time. PT has helped a little.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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	RESTAGING; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Crutches; The ordering MDs specialty is NOT Orthopedics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a neurological disorder.; 4/9/2021; There has been treatment or conservative therapy.; Sacroiliac joint pain, trochanteric bursitis of right hip; course of Prednisone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 2 months ago; There has been treatment or conservative therapy.; pt is having Back and leg pain . Thigh to groin area .; Surgery and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	He states;the pain is aching, burning, cramping, deep, sharp and throbbing. On a numerical rating scale, the patient;states his pain at its worst is 10 out of 10; This study is being ordered for trauma or injury.; 05-2-2018; There has been treatment or conservative therapy.; complains primarily of neck pain.; Ankle Pain, Elbow Pain, Foot Pain, Hip Pain, Knee Pain, Leg Pain and Lower Back Pain; Professional caregivers seen in the past include family physician, neurologist and general surgeon. Prior Tests;Performed: x-rays, ct scan, mri, bone scan and ultrasound Pain Medicines: otc medicines (tylenol, acetaminophen), codeine, tylenol #3, #4, hyd; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	see chart note; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	None; This study is being ordered for Congenital Anomaly.; 29-year-old white female who was diagnosed as having hypertension at age 17. Patient complains of moderate to severe dyspnea on mild to moderate exertion, subsiding within 3 minutes post exercise cessation. Patient describes no other associated symptoms.; There has not been any treatment or conservative therapy.; 29-year-old white female who was diagnosed as having hypertension at age 17. Patient complains of moderate to severe dyspnea on mild to moderate exertion, subsiding within 3 minutes post exercise cessation. Patient describes no other associated symptoms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	6/27/2018; There has been treatment or conservative therapy.; NEW ENLARGING LYMPH NODE SEEN ON CHEST XRAY; CHEMO; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	11/30/2017; There has been treatment or conservative therapy.; FDG AVID PULMONARY NODULES IN RIGHT LOWER LOBE SEEN ON PET SCAN DONE 1/7/21; CHEMO AND RADIATION; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 billirubin, 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); anemia / dizziness / syncopal episode recently / history of hiatal hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Calcified finding in colon.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); URINARY TRACT INFECTION; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	PMH of GERD, HTN and DVT in pregnancy presents to clinic for chest pain follow up.significant FH of premature CAD. Her mother, grandmother and aunt had cardiac arrest in their 30s.Pt has elevated BP today at 145/92. She also complains of LE swelling; This is a request for a CT scan for evaluation of coronary calcification.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	; 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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	see chart notes; 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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the abdominal arteries.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered 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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain, history of CAD status post CABG x2, HTN, hyperlipidemia, claudication.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	ETT performed previously showing very poor functional capacity and angina. This test ordered for further evaluation of CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	preop; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea on mild to moderate exertion. Chronic back pain. Rule out underlying ischemia. Two-dimensional echocardiographic Doppler study to assess; This study is being ordered for Vascular Disease.; 01/05/2021; There has been treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion; rest; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Tendinitis in both knees, compromising exercise seen ability. Rule out underlying ischemia. Two-dimensional echocardiographic Doppler s; This study is being ordered for Congenital Anomaly.; 1/5/2021; There has been treatment or conservative therapy.; Heart palpitations, precordial chest pain, shortness of breath.; Continued current medication regimen.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	She had a syncopal episode will get event monitor. Hx of CVA CTA neck minimal blockage. Hx of aneurysm in brain? chest pain, chest pressure/discomfort, dyspnea, palpitations, irregular heart beats, near-syncope, fatigue, claudication, lower extremity edem; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 a Medicare member.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); The ordering MDs speciality is not Cardiology or Cardiac Surgery	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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 Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Unknown	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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; 02/28/2021; Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; Date of onset is within the last 6 months; The patient recently suffered either a CVA or TBI; none; none; 03/18/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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; Requestor is not a fax; Speech Therapy; 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; UNKNOWN; 85 TO 115; 03/17/2021; The evaluation date is not in the future; Three or more visits anticipated; Therapy type is Rehabilitative; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested; The patient is under the age of 65	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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; Requestor is not a fax; Speech Therapy; 01/14/2020; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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; Requestor is not a fax; Speech Therapy; 03/31/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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; Requestor is not a fax; Speech Therapy; 04/18/2021; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Speech Therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered 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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2020; There has been treatment or conservative therapy.; 71-year-old white female who complains of recurrent episodes of mid precordial, occasionally subxiphoid tightness, nonradiating, associated with dyspnea, moderate to severe in intensity, lasting 5 to 10 minutes, spontaneous resolution. Symptoms are random; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Dyspnea on exertion, left precordial chest pain. History of cardiomyopathy; This study is being ordered for Vascular Disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; dyspnea on moderate exertion, moderate severity, subsiding within 2 to 3 minutes post exercise cessation. Patient describes no other associated symptoms. The only means to avoid such is to prevent this level of physical activity. Patient also experiences; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea on mild to moderate exertion. Chronic back pain. Rule out underlying ischemia. Two-dimensional echocardiographic Doppler study to asse; This study is being ordered for Vascular Disease.; 01/05/2021; There has been treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion; rest; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Chronic back pain with difficulty ambulating. Cannot exercise on a treadmill. Rule out underlying ischemia. Two-dimensional echocard; This study is being ordered for Congenital Anomaly.; 01/06/2021; There has been treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion; continued medication regimen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Rheumatoid arthritis. Poor balance, uses a cane to ambulate. Rule out underlying ischemia. Two-dimensional echocardiographic Doppler s; This study is being ordered for Vascular Disease.; 12/17/2020; There has not been any treatment or conservative therapy.; chest pain, shortness of breath, dyspnea on exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Tendinitis in both knees, compromising exercise seen ability. Rule out underlying ischemia. Two-dimensional echocardiographic Doppler s; This study is being ordered for Congenital Anomaly.; 1/5/2021; There has been treatment or conservative therapy.; Heart palpitations, precordial chest pain, shortness of breath.; Continued current medication regimen.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 being started on or is already on another medication not listed above	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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 is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/25/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/03/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/07/2021; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part for first pass is Hip/Pelvis; 04/06/2021; No patient history 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; Pelvic floor impact questionnaire; summary bladder 7rectum 12pelvis 20; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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: ; LEFS; 15%; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Previous auth data retrieved, type of habilitation = Rehabilitative; 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:	2	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Unknown	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; 05/13/2021; 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; Enter score here Enter name of tool here 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic for the member's plan; Physical therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Requestor is a fax; Physical Therapy; Magellan does not manage chiropractic for the member's plan	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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; First Pass; 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: ; n/a; n/a; One Body Part selected; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Previous auth data retrieved, type of habilitation = Rehabilitative; three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	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	12/15/2020; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic for the member's plan; Occupational Therapy was requested	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Unknown	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Radiology Services Denied Not Medically Necessary	The patient has an ATM mutation which has been shown to be associated with an increased risk of breast cancer, pancreatic cancer, ovarian cancer, and possibly prostate cancer.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; 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.; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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 beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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 beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	3/5; There has been treatment or conservative therapy.; cancer; medication; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	3/16/21; There has not been any treatment or conservative therapy.; elevated PSA. bladder infection; 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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	5/6/19; There has been treatment or conservative therapy.; ; RALP 7/23/19; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	12/06/2004; There has been treatment or conservative therapy.; ; Pt comes in every often for maintenance.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	2005; There has been treatment or conservative therapy.; Pt is being scanned for surveillance. He has hx of bladder ca, lung mass, and prostate cancer; Intravesical chemotherapy treatments and partial cystectomy; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	2017; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;Malignant neoplasm of prostate; Injections.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	CT of the abdomen and pelvis without contrast completed on (3/15/2021) did not demonstrate any calcifications over the kidneys or along the course of the ureters, however did demonstrate a 9 mm pulmonary nodule over the right lower lobe. In addition to th; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	december 3, 2019; There has been treatment or conservative therapy.; renal mass; radical nephrectomy; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	n/a; There has been treatment or conservative therapy.; Elevated PSA's , Urgent desire to urinate; Biopsy , antibiotics; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	R RENAL CELL CARCINOMA; There has been treatment or conservative therapy.; R RENAL CELL CARCINOMA; 2/12/2021 Surgery DV R Partial Nephrectomy; 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	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	Renal and lung nodules seen on previous imaging; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Imaging performed on 5/12 showed a low density 1.5cm nodule on the left kidney and nodules in both lungs. Contrast CT scans recommended to further evaluate; There has not been any treatment or conservative therapy.; abnormal imaging; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	71250 Computed tomography, thorax; without contrast material	RENAL CELL CARCINOMA; There has not been any treatment or conservative therapy.; RENAL CELL CARCINOMA; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Elevated PSA, frequency of micturition, urge incontinence; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PROSTATE BIOPSY CONFIRMS PROSTATE CANCER, 12 BIOPSIES AND ALL WERE POSITIVE EITHER GLEASON SCORE 6, 7, 8 AND ONE WAS A P. PSA WAS 25.10 CLINICAL STAGE T1. AGE 76; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Prostate cancer; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PT PSA IS RISING; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Recent CT showed SUSPECTED URETHRAL DIVERTICULUM CONTAINING A SMALL STONE ALONG THE RIGHT SIDE OF THE URETHRA.;Frequent UTI, hesitancy, incomplete bladder emptying.; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in the bladder.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.	17 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	Renal and lung nodules seen on previous imaging; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Imaging performed on 5/12 showed a low density 1.5cm nodule on the left kidney and nodules in both lungs. Contrast CT scans recommended to further evaluate; There has not been any treatment or conservative therapy.; abnormal imaging; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	3/5; There has been treatment or conservative therapy.; cancer; medication; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	3/16/21; There has not been any treatment or conservative therapy.; elevated PSA. bladder infection; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	5/6/19; There has been treatment or conservative therapy.; ; RALP 7/23/19; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	2005; There has been treatment or conservative therapy.; Pt is being scanned for surveillance. He has hx of bladder ca, lung mass, and prostate cancer; Intravesical chemotherapy treatments and partial cystectomy; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	december 3, 2019; There has been treatment or conservative therapy.; renal mass; radical nephrectomy; 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	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	n/a; There has been treatment or conservative therapy.; Elevated PSA's , Urgent desire to urinate; Biopsy , antibiotics; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	R RENAL CELL CARCINOMA; There has been treatment or conservative therapy.; R RENAL CELL CARCINOMA; 2/12/2021 Surgery DV R Partial Nephrectomy; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RENAL CELL CARCINOMA; There has not been any treatment or conservative therapy.; RENAL CELL CARCINOMA; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the urinalysis results were normal or abnormal.; Yes this is a request for a Diagnostic CT ; This study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; Yes this is a request for a Diagnostic CT ; This study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	13 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	7 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Urology	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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.; 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.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); gross hematuria; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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.; 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.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); Kidney stone; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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 the patient is 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.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; 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.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Urology	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 patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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.; Yes this is a request for a Diagnostic CT ; 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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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; Yes this is a request for a Diagnostic CT ; 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.	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	15	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	5	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); unknown; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); 6 mo f/u renal cyst; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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.; 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	6 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	46 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	84 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT.; 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.	23 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being ordered for staging.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 pre-operative evaluation.; It is not known if surgery is planned for within 30 days.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 tumor.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 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.	2 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin)	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); A biopsy substantiated the cancer type	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Urology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	04/13/2021; There has not been any treatment or conservative therapy.; Flank Pain;Kidney Stones;Pulmonary nodule;Difficulty breathing; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	05/08/2013; There has not been any treatment or conservative therapy.; this is follow up-no symptoms at this time.; 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	CT of the abdomen and pelvis without contrast completed on (3/15/2021) did not demonstrate any calcifications over the kidneys or along the course of the ureters, however did demonstrate a 9 mm pulmonary nodule over the right lower lobe. In addition to th; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI PROSTATE - ELEVATED PSA, SCREENING FOR PROSTATE CANCER; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.	4	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Congenital Anomaly.; 03/15/2018; There has been treatment or conservative therapy.; recurring urinary tract infections, difficulty urinating; Urethral dilation and cystoscopy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Will upload clinicals.; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	04/13/2021; There has not been any treatment or conservative therapy.; Flank Pain;Kidney Stones;Pulmonary nodule;Difficulty breathing; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	05/08/2013; There has not been any treatment or conservative therapy.; this is follow up-no symptoms at this time.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	12/06/2004; There has been treatment or conservative therapy.; ; Pt comes in every often for maintenance.; 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	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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 chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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 not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: Organ enlargement (system matched response); HYDRONEPHROSIS; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); INCREASED FREQUENT URINATION AND PROSTATE NODULE; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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 Known Tumor.; This study is being ordered for staging.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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.; It is unknown if the patient has a renal cyst or tumor.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Congenital Anomaly.; 03/15/2018; There has been treatment or conservative therapy.; recurring urinary tract infections, difficulty urinating; Urethral dilation and cystoscopy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Urology	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is a Medicare member.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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 Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for another solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Urology	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 Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is a Medicare member.; This study is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		follow up after a traumatic carotid dissection.duplex shows change in size from 6.6 mm from 6.1 mm. CTA to ensure no change in size; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		follow up after a traumatic carotid dissection.duplex shows change in size from 6.6 mm from 6.1 mm. CTA to ensure no change in size; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	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.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	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.; Yes this is a request for a Diagnostic CT	3 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient had a type B aortic dissection that was repaired in 5/2019. Post op imaging was performed in 6/2019 and showed no evidence of endoleak. This is a follow up to look at dissection.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient had a type B aortic dissection that was repaired in 5/2019. Post op imaging was performed in 6/2019 and showed no evidence of endoleak. This is a follow up to look at dissection.; There has been treatment or conservative therapy.; ; Patient had a type B aortic dissection that was repaired in 5/2019. Post op imaging was performed in 6/2019 and showed no evidence of endoleak. This is a follow up to look at dissection.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Severe Aortic Stenosis; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	To assess the Abdominal aorta injury, sequela.;;Shakeyia F Marbley is a 42 y.o. female with a history of MVC on 4/28/21 (unrestrained head-on, Level 2) with closed right femur fracture (s/p IM nail 4/29), multiple rib fractures, and mild pulmonary cont; This study is being ordered for trauma or injury.; 04/28/2021; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	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 blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient had a type B aortic dissection that was repaired in 5/2019. Post op imaging was performed in 6/2019 and showed no evidence of endoleak. This is a follow up to look at dissection.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient had a type B aortic dissection that was repaired in 5/2019. Post op imaging was performed in 6/2019 and showed no evidence of endoleak. This is a follow up to look at dissection.; There has been treatment or conservative therapy.; ; Patient had a type B aortic dissection that was repaired in 5/2019. Post op imaging was performed in 6/2019 and showed no evidence of endoleak. This is a follow up to look at dissection.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.	5 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular 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.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular 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 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.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Vascular 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.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	DM; This study is being ordered for Vascular Disease.; 03/29/2021; There has not been any treatment or conservative therapy.; swelling and pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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	Yes, this is a request for CT Angiography of the abdominal arteries.	4 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	DM; This study is being ordered for Vascular Disease.; 03/29/2021; There has not been any treatment or conservative therapy.; swelling and pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; 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 NO new symptoms suggesting worsening of heart valve disease	1 2021	Apr-Jun 2021

4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.; The member is 35 years old or older.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		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.	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular 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	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	Disapproval	72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Dr Stout and recommended MRV to assess for May-thurner (iliac vein stenosis).; This study is being ordered for Vascular Disease.; 09/21/2020; There has been treatment or conservative therapy.; History of right leg DVT, claudication of right lower extremity, still with swelling of right leg and right calf cramping.Dr Stout and recommended MRV to assess for May-thurner (iliac vein stenosis).; Eliquis and then Lovenox and now on Xarelto, leg elevation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021



4/1/2021 - 6/30/2021	4/1/2021	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	To assess the Abdominal aorta injury, sequela.;;Shakeyia F Marbley is a 42 y.o. female with a history of MVC on 4/28/21 (unrestrained head-on, Level 2) with closed right femur fracture (s/p IM nail 4/29), multiple rib fractures, and mild pulmonary cont; This study is being ordered for trauma or injury.; 04/28/2021; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	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.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2021	Apr-Jun 2021
4/1/2021 - 6/30/2021	4/1/2021	Vascular Surgery	Disapproval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Dr Stout and recommended MRV to assess for May-thurner (iliac vein stenosis).; This study is being ordered for Vascular Disease.; 09/21/2020; There has been treatment or conservative therapy.; History of right leg DVT, claudication of right lower extremity, still with swelling of right leg and right calf cramping.Dr Stout and recommended MRV to assess for May-thurner (iliac vein stenosis).; Eliquis and then Lovenox and now on Xarelto, leg elevation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2021	Apr-Jun 2021